

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002250

FILED
Aug 23, 2007
Secretary of State

Entity Name: DADE SCHOOLS ATHLETIC FOUNDATION, INC.

Current Principal Place of Business:

1500 BISCAYNE BLVD
SUITE 343
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 432184
MIAMI, FL 331432184 US

New Mailing Address:

FEI Number: 65-0440175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARRIGA, IRENE
8501 FRANJO ROAD
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOLLY, DOUGLAS
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD () Delete
Name: VEGA, JOE
Address: 9332 SW 127 AVE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: BROOKINS, FRANKIE
Address: 16569 S.W. 117TH AVENUE
City-St-Zip: MIAMI, FL 33177

Title: TD () Delete
Name: FUTTERMAN, MICHAEL
Address: ONE S.E. THIRD AVENUE, 10TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FUTTERMAN

TREA

08/23/2007

Electronic Signature of Signing Officer or Director

_____ Date