

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002250

FILED  
Apr 09, 2008  
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 ( )

**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: M. FUTTERMAN

TD

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date