

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # N93000005705

**1. Entity Name
TEAM FOOTWORKS EDUCATIONAL AND FITNESS
CORPORATION**



Principal Place of Business

**5724 SUNSET DRIVE
SOUTH MIAMI, FL 33143**

Mailing Address

**5724 SUNSET DRIVE
SOUTH MIAMI, FL 33143**



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0455073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUSEBY, JOHN K
5724 SUNSET DRIVE
SOUTH MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME HUSEBY, JOHN K
STREET ADDRESS 5724 SUNSET DRIVE
CITY-ST-ZIP SOUTH MIAMI, FL 33143**

**TITLE D
NAME MEDINA, ROBERT
STREET ADDRESS 5724 SUNSET DRIVE
CITY-ST-ZIP SOUTH MIAMI, FL 33143**

**TITLE D
NAME HUSEBY, LAURIE
STREET ADDRESS 5724 SUNSET DRIVE
CITY-ST-ZIP SOUTH MIAMI, FL 33143**

**TITLE D
NAME BROWNER, MICHAEL
STREET ADDRESS 7719 SW 69 AVE.
CITY-ST-ZIP MIAMI, FL**

**TITLE D
NAME WESTON, JOHN
STREET ADDRESS 7250 SW 39 TERR
CITY-ST-ZIP MIAMI, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1100000583783
01/12/07-80010-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John K Huseby

1/8/07

305 666 7223