

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002804

FILED
Jan 23, 2005
Secretary of State

Entity Name: MIAMI FOUNDATION FOR THE SUPPORT OF AMATEUR GYMNASTICS COMPETITION, INC.

Current Principal Place of Business:

12422 SW 117TH COURT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11791 SW 190 TER RD
MIAMI, FL 33177

New Mailing Address:

FEI Number: 65-0508086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTER, CRAIG
11791 SW 190 TER RD.
MIAMI, FL 33177 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: DT () Delete
Name: PORTER, CRAIG TRS/DIR
Address: 11791 SW 190 TERRACE RD
City-St-Zip: MIAMI, FL 33177

Title: P () Delete
Name: SANTANA, BOBBIE PRES
Address: 12315 SW 204 TERR
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: FALCO, LAURA DIR
Address: 15140 SW 167 ST
City-St-Zip: MIAMI, FL 33187

Title: DS () Delete
Name: PORTER, KAREN SEC/DIR
Address: 11791 SW 190 TER RD
City-St-Zip: MIAMI, FL 33177

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 for the exemption stated in Section 119.07(3)(i), 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: CRAIG PORTER

DIRE

01/23/2005

Electronic Signature of Signing Officer or Director

Date