

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90261 024 ****61.25

DOCUMENT # N96000002288

1. Entity Name
**MIAMI GOLDEN GLADES EDUCATION & ATHLETIC CLUB
INC.**



Principal Place of Business
**20520NW 33 PL.
MIAMI, FL 33056**

Mailing Address
**20520 N.W. 33 PL.
MIAMI, FL 33056**

14009877



2. Principal Place of Business

3201 NW 185 St

3. Mailing Address

20520 NW 33 Place

Suite, Apt. #, etc.

Carol City Complex

Suite, Apt. #, etc.

04282005 Chg-NP

CR2E037 (10/03)

City & State

Miami Gardens, FL

City & State

Miami Gardens, FL

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

33056

Country

USA

Zip

33056

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIXON, NAHA
2162 SW 104 AVE
MIRAMAR, FL 33025**

7. Name and Address of New Registered Agent

Name **Cleon Williams**

Street Address (P.O. Box Number is Not Acceptable)

20520 NW 33RD Place

City **Miami Gardens**

FL

Zip Code

33056

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]

4.25.05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T/S** ☒ Delete
NAME **FREDRICKS, INA**
STREET ADDRESS **20520 NW 33 RD PL**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE **PD** ☒ Delete
NAME **NIXON, NAHA**
STREET ADDRESS **2162 SW 104 AVE**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE **VPD** ☐ Delete
NAME **WILLIAMS, CLEON**
STREET ADDRESS **20520 NW 33 PL.**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **Cleon Williams**
STREET ADDRESS **20520 NW 33 Place**
CITY-ST-ZIP **Miami Gardens, Florida 33056**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Ruldoph Thompson**
STREET ADDRESS **3201 NW 185 St**
CITY-ST-ZIP **Miami Gardens, Florida 33056**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Tiffany Davis**
STREET ADDRESS **3201 NW 185 St**
CITY-ST-ZIP **Miami Gardens, Florida 33056**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Sybrina Singletary**
STREET ADDRESS **3201 NW 185 St**
CITY-ST-ZIP **Miami Gardens, Florida 33056**

12. I hereby certify that the information supplied with this filing does not qualify 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.05

Date

786.262.6188

Daytime Phone #