

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90121 022 \*\*\*211.25

**DOCUMENT # N98000000442**

1. Corporation Name

**FUTUREBALL FOUNDATION, INC.**

Principal Place of Business

**1439 BANKS ROAD  
MARGATE FL 33063**

Mailing Address

**1439 BANKS ROAD  
MARGATE FL 33063**



2. Principal Place of Business

**21 4260 N.W. 19th Avenue**

Suite, Apt. #, etc.

**22**  
City & State

**23 Oakland Park, FL**

Zip Country

**24 33309 25 USA**

2a. Mailing Address

**26 4260 N.W. 19th Avenue**

Suite, Apt. #, etc.

**27**  
City & State

**28 Oakland Park, FL**

Zip Country

**29 33309 30 USA**

3. Date Incorporated or Qualified

**01/23/1998**

4. FEI Number

**65-0866366**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**A Z REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME BRIGHT, ALAN C  
STREET ADDRESS 1439 BANKS ROAD  
CITY-ST-ZIP MARGATE FL 33063**

TITLE ☐ DELETE

**D  
NAME GUIMOND, RICHARD  
STREET ADDRESS 37 NECK ROAD  
CITY-ST-ZIP TIVERTON RI 02878**

TITLE ☐ DELETE

**D  
NAME NOTO, RICHARD A  
STREET ADDRESS 242 N W 91ST AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Justin T. Wilson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Justin T. Wilson, Assistant Secretary 305-858-5555 4/28/99**

Date

Daytime Phone #

CR2E037 (11/98)