

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 020 ****70.00

DOCUMENT # N98000003022 1. Entity Name NISEI GOJU RYU KARATE & JUJITSU SOUTHERN REGION YOUTH P.A.C. PROGRAM, INC.					
Principal Place of Business 18061 N.W. 27TH AVENUE MIAMI, FL 33056			Mailing Address 18061 N.W. 27TH AVENUE MIAMI, FL 33056		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent THOMPSON, HERBERT 18061 N.W. 27TH AVENUE MIAMI, FL 33056				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 65-0540348	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				05212008 Chg-NP CR2E037 (12/06)	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, HERBERT 17115 NW 17 AVE MIAMI, FL 33056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne Washington 17115 NW 17 AVE MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SISCO, JAMES 9601 NORWOOD DRIVE, #D TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Churton Tootie Abaco, Bahamas AB20274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINN, ULYSSES "POP" 1031 W 2ND STREET RIVERIA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Garner 18061 NW 27 AV MIAMI FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINER, SAMUEL 1211 SESAME ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Franklyn Gallop 1519 NE Capital Circle Tallahassee, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NEWBOLD, RUBEN 19422 NW 79TH AVE. MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mikel Hernandez 18061 NW 27 AV MIAMI FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FLETCHER, DEXTER 6700 NW 186TH ST MIAMI, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Herbert Thompson</u> 20 May 08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					