

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004125

FILED
Aug 03, 2007
Secretary of State

Entity Name: ALPHA PEARL FOUNDATION, INC.

Current Principal Place of Business:

4276 WOKKER DR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

PO BOX 24463
BOYNTON BEACH, FL 33424

New Mailing Address:

PO BOX 244463
BOYNTON BEACH, FL 33424

FEI Number: 45-0532679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, SONJA
1227 HAMPTON BLVD
NORTH LAUDERDALE, FL 33068 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: VD () Delete
Name: HART, NADINE
Address: 205 MARTIN LUTHER KING BLVD
City-St-Zip: DELRAY BEACH, FL 33444

Title: P () Delete
Name: TIMS, JENNIFER
Address: 4276 WOKKER DR
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: NIX, DEBORAH
Address: 3430 BLVD. CHATELAINE
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Delete
Name: RANDOLPH, ANGELA
Address: 1323 PROSPECT ST
City-St-Zip: DELRAY BEACH, FL 33444

Title: FS () Delete
Name: SMITH -FEAMON, EUGINA
Address: 4695 D2 SABLE PINE CIR
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TIMS, JENNIFER B
Address: 4276 WOKKER DR
City-St-Zip: LAKE WORTH, FL 33467

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 exemption stated 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 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: JENNIFER B TIMS

P

08/03/2007

Electronic Signature of Signing Officer or Director

_____ Date