

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001549

**FILED**  
**Jan 08, 2019**  
**Secretary of State**  
**5178764958CC**

**Entity Name:** PEARLS FOUNDATION, INC.

**Current Principal Place of Business:**

7925 PLANTATION BLVD  
MIRAMAR, FL 33023

**Current Mailing Address:**

P.O. BOX 17531  
FT. LAUDERDALE, FL 33318-7531 US

**FEI Number:** 65-1084517

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BELL, LISA  
7925 PLANTATION BLVD  
MIRAMAR, FL 33023 US

*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:** LISA BELL

01/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BELL, LISA  
Address 7925 PLANTATION BLVD  
City-State-Zip: MIRAMAR FL 33023

Title D  
Name GEORGE, LISA  
Address 182 NW 75 TERRACE  
City-State-Zip: PLANTATION FL 33317

Title VPD  
Name RELIFORD, RAMONA  
Address 2909 NW 33 TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33311

Title D  
Name WALKER, HELEN  
Address 4841 NW 16 CT  
City-State-Zip: LAUDERHILL FL 33313

Title DIRECTOR  
Name PONDER, LATASHA  
Address 8227 WINDSOR DR  
City-State-Zip: MIRAMAR FL 33025

Title TD  
Name IRISH, SANDRA  
Address 636 WEST EVANSTON CIRCLE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title OTHER, SD  
Name BROWN, LINDA  
Address 5640 SW 4 COURT  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name LAMAR, SHIRLEY  
Address 16211 ROSECROFT TERRACE  
City-State-Zip: DELRAY BEACH FL 33446

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** BELL, LISA

**PRESIDENT, DIRECTOR**

01/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BOWEN, DEBORAH  
Address        P O BOX 17531  
City-State-Zip: PLANTATION FL 33318