

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004125

Entity Name: ALPHA PEARL FOUNDATION, INC.

Current Principal Place of Business:

4960 BOXWOOD CIRCLE
BOYNTON BEACH, FL 33436

Current Mailing Address:

PO BOX 3523
BOYNTON BEACH, FL 33424 US

FEI Number: 45-0532679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, MAUREEN MARVA
4960 BOXWOOD CIR
BOYNTON BEACH, FL 33436 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: MAUREEN MARVA OWENS

03/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FENNELL-JOHNSON, CANDACE
Address 7073 LAKE ISLAND DRIVE
City-State-Zip: LAKE WORTH FL 33467

Title SEC
Name NORWOOD-JONES, CAROL
Address 4037 CEDAR CREEK RANCH CIR
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name TIMS, JENNIFER B
Address 4276 WOKKER DR
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name BOLDEN, DIEDRE
Address 8250 CINCH WAY
City-State-Zip: LAKE WORTH FL 33467

Title OTHER
Name SIMS, ANGELA
Address 3021 S SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title OTHER
Name WIMBERLY, PENELOPE
Address PAVONE ST.
City-State-Zip: LAKE WORTH FL 33467

Title FINANCIAL SECRETARY
Name JOHNSON, TERRIE M
Address 9957 VIA BIMINI
City-State-Zip: LAKE WORTH FL 33467

Title MEMBER AT LARGE
Name ROBINSON, JILL
Address 6379 TRAILS OF FOXFORD COURT
City-State-Zip: WEST PALM BEACH FL 33415

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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: JENNIFER B TIMS

TREASURER

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER
Name OWENS, MAUREEN MARVA
Address 4960 BOXWOOD CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436