2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004125

Entity Name: ALPHA PEARL FOUNDATION, INC.

Current Principal Place of Business:

106 N ROBBINS DR

WEST PALM BEACH. FL 33409

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:

POWELL, WHITNEY 106 N ROBBINS DR

WEST PALM BEACH, FL 33409 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: WHITNEY BALDWIN POWELL 02/20/2019

Electronic Signature of Registered Agent

Date

FILED Feb 20, 2019

Secretary of State

9356410326CC

Officer/Director Detail:

Title PRES Title VP

Name POWELL, WHITNEY Name JONES, SONJA

Address 106 N ROBBINS DR Address 1227 HAMPTON BLVD

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: NORTH LAUDERDALE FL 33311

Title SEC Title TRES

Name GUERRIER, SHONDRICA Name OWENS, MAUREEN

Address 615 WATYERSIDE DR Address 2638 NE 3RD CT

City-State-Zip: HYPOLUXO FL 33462 City-State-Zip: BOYNTON BEACH FL 33435

Title FS Title OTHER

Name POTTS, JOYCE Name MORELAND, PAMELA

Address 7141 GOLDEN VIEW PL Address PO BOX 18074

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: WEST PALM BEACH FL 33416

Title OTHER Title OTHER

Name JACKSON, DEBRA Name FENNELL-JOHNSON, CANDACE

Address 3946 Address 7771 THORNLEE DRIVE
City-State-Zip: WELLINGTON FL 33449 City-State-Zip: LAKE WORTH FL 33467

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: MAUREEN OWENS TREASURER 02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date