

**2023 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

02/27/2023

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

Title            OTHER  
Name            CLAYTON, DWANNE S. JACKSON  
Address        824 LIDO CIRCLE  
                  APT.301  
City-State-Zip: LAKE PARK FL 33403

Title            MEMBER AT LARGE  
Name            LAMBERT, VEDLINE JEAN  
Address        5025 ASHLEY LAKE DR  
City-State-Zip: BOYNTON BEACH FL 33437

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

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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**

02/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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