

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003766

**Entity Name:** A PLUS FOUNDATION, INC.

**Current Principal Place of Business:**

7921 SOUTHGATE BLVD  
D8  
N LAUDERDALE, FL 33068

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC4388048913**

**Current Mailing Address:**

P.O. BOX 770295  
CORAL SPRINGS, FL 33077

**FEI Number: 20-4647178**

**Certificate of Status Desired: Yes**

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

THOMAS, BARBARA J  
7921 SOUTHGATE BLVD  
D8  
N LAUDERDALE, FL 33068 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	SECRETARY
Name	GRACE, REVERTHA W
Address	4501 N.W. 25 STREET
City-State-Zip:	LAUDERHILL FL 33313
Title	DIRECTOR
Name	BURNETT, ANN A
Address	2832 S.W. 4TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33312
Title	PRESIDENT
Name	PATTERSON, JOSETTA
Address	11800 SOUTH ISLAND ROAD
City-State-Zip:	COOPER CITY FL 33036
Title	DIRECTOR
Name	PHILLIPS, VERONICA E
Address	3521 N.W.24 STREET
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	TREASURER
Name	THOMAS, BARBARA J
Address	7921 SOUTHGATE BOULEVARD D8
City-State-Zip:	NORTH LAUDERDALE FL 33068
Title	DIRECTOR
Name	HILTON, OLIVIA
Address	3821 ENVIRON BOULEVARD APT.#709
City-State-Zip:	LAUDERHILL FL 33319
Title	VP
Name	KURTZ, EMMA H
Address	1081 N.W. 19 COURT
City-State-Zip:	FORT LAUDERDALE FL 33311
Title	DIRECTOR
Name	MCCULLOUGH, VENETTA
Address	17 CANTERBURY LANE
City-State-Zip:	TAMARAC FL 33319

**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: BARBARA J THOMAS**

**TREASURER & RA**

**01/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WRIGHT, LUWANDO HINES  
Address        8109 S.W.19TH STREET  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title           DIRECTOR  
Name           BURRELL, NICOLE  
Address        17735 SW 20TH STREET  
City-State-Zip: MIRAMAR FL 33029