

**2017 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 08, 2017**  
**Secretary of State**  
**CC8216352854**

**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 TREASURER  
Name THOMAS, BARBARA J  
Address 7921 SOUTHGATE BOULEVARD D8  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR  
Name LEE, ANN B  
Address 2832 S.W. 4TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name HILTON, OLIVIA  
Address 3821 ENVIRON BOULEVARD  
APT.#709  
City-State-Zip: LAUDERHILL FL 33319

Title PRESIDENT  
Name PATTERSON, JOSETTA  
Address 11800 SOUTH ISLAND ROAD  
City-State-Zip: COOPER CITY FL 33036

Title VP  
Name KURTZ, EMMA H  
Address 1081 N.W. 19 COURT  
City-State-Zip: FORT LAUDERDALE FL 33311

Title DIRECTOR  
Name PHILLIPS, VERONICA E  
Address 3521 N.W.24 STREET  
City-State-Zip: LAUDERDALE LAKES 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**

**01/08/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MCCRAY, JOEL DANIELL  
Address        4410 NW 22 STREET  
City-State-Zip: LAUDERHILL FL 33313