

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003766

**FILED**  
**Jan 06, 2016**  
**Secretary of State**  
**CC5935651033**

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

**Current Principal Place of Business:**

7921 SOUTHGATE BLVD  
D8  
N LAUDERDALE, FL 33068

**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           PRESIDENT  
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           SECRETARY  
Name           LEE, ANN B  
Address        2832 N.W. 4TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33312

Title           DIRECTOR  
Name           HILTON, OLIVIA  
Address        2421 E. ARAGON BLVD.  
                  UNIT #6  
City-State-Zip: SUNRISE FL 33313

Title           DIRECTOR  
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**

**01/06/2016**

\_\_\_\_\_  
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