

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90720 033 ****61.25

DOCUMENT # F98000001744

1. Entity Name
THE BLOOMING SOCIETY, CORPORATION



Principal Place of Business
**324 NORTH F STREET
LAKE WORTH, FL 33460**

Mailing Address
**324 NORTH F STREET
LAKE WORTH, FL 33460**

94080318



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
91-1895272

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNETT, ESTHER
324 NORTH F STREET
LAKE WORTH, FL 33460**

Name
Esther Barnett
Street Address (P.O. Box Number is Not Acceptable)
179 Atlantic Ave
City
Opa-Locka FL Zip Code
33054

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Esther Barnett*
Signature, typed or printed name of registered agent and title if applicable.

Esther Barnett

4/30/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BARNETT, JEAN	
STREET ADDRESS	324 NORTH F STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBURY, ADEYELA	
STREET ADDRESS	60 W 140TH TERR	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARNETT, JEAN	
STREET ADDRESS	324 NORTH F STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	T	<input type="checkbox"/> Delete
NAME	HANSEN, CHRISTINE	
STREET ADDRESS	851 MANHATTAN AVE #13	
CITY-ST-ZIP	BROOKLYN, NY 11222	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBENELLI, PATRICIA	
STREET ADDRESS	1650 BLUE RIDGE MT RD	
CITY-ST-ZIP	SAUGERTIES, NY 11309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Barnett

Jean Barnett

4/30/04

561-582-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #