

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003550

FILED
Jul 06, 2005
Secretary of State

Entity Name: MAJESTIC'S YOUTH & ARTS ACADEMY, INC.

Current Principal Place of Business:

1121 ATLANTIC AVENUE
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

1121 ATLANTIC AVENUE
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-1034738 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SLOAN-SIMPKINS, PHYLLIS W
1121 ATLANTIC AVENUE
OPA-LOCKA, FL 33054

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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SIMPKINS, PHYLLIS W
Address: 1121 ATLANTIC AVENUE
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: SIMPKINS, PHYLLIS W
Address: 1121 ATLANTIC AVENUE
City-St-Zip: OPA-LOCKA, FL 33054

Title: VP () Delete
Name: REESE, JOHN
Address: 1034 NW 51ST STREET
City-St-Zip: MIAMI, FL 33127

Title: PR () Delete
Name: WILLIAMS, CANDI
Address: 4370 NW 170TH ST.
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: BOSTIC, URETHA L
Address: 1496 APRIL AVE.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PHYLLIS W SIMPKINS

D

07/06/2005

Electronic Signature of Signing Officer or Director

Date