

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003550

FILED  
May 01, 2011  
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 ( )**

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

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

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

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  
Name: SIMPKINS, PHYLLIS W  
Address: 1121 ATLANTIC AVENUE  
City-St-Zip: OPA-LOCKA, FL 33054

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

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

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

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

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: PHYLLIS SLOAN

CEO

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date