

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000767

FILED
May 02, 2006
Secretary of State

Entity Name: APOSTOLIC CHILDREN'S ACADEMY FOR GROWTH AND EDUCATION, INC.

Current Principal Place of Business:

1125 GRANT STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1125 GRANT STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1079305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

CAGE, FREDRICK L
430 BAYBERRY DR
LAKE PARK, FL 33403 US

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: PD () Delete
Name: CAGE, FREDRICK L
Address: 430 BAYBERRY DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: VD (X) Delete
Name: CAGE, TATIANA N
Address: 430 BAYBERRY DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: SD () Delete
Name: DENSON, BIRTNELL
Address: PO BOX 530904
City-St-Zip: LAKE PARK, FL 33403

Title: TD () Delete
Name: JONES, MARCELINA J
Address: 1300 WEST 6TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: BLACKWELL, SHANELL
Address: 5190 4TH STREET
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: TISBY, PATRICIA A
Address: 1083 W. 34TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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: TD (X) Change () Addition
Name: ANDREWS, SHACARA
Address: 1373 W. 34TH STREET
City-St-Zip: RIVIERA, FL 33404

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 Chapter 119, 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: FREDRICK CAGE

PD

05/02/2006

Electronic Signature of Signing Officer or Director

Date