

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90125 024 \*\*\*150.00

<b>DOCUMENT #</b> <u>NO1000000 767</u>					
<b>1. Entity Name</b> Apostolic Children's Academy for Growth & Education, Inc.					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 1125 Grant Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O Box 530904 Suite, Apt. #, etc.			
<b>City &amp; State</b> West Palm Beach, Florida		<b>City &amp; State</b> Lake Park, Florida			
<b>Zip</b> 33407	<b>Country</b> USA	<b>Zip</b> 33403	<b>Country</b> USA		
<b>4. FEI Number</b> 65-1079305		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Applied For</b></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		<b>Applied For</b>	Not Applicable
<b>Applied For</b>					
Not Applicable					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> Fredrick L. Cage					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 430 Bayberry Drive					
<b>City</b> Lake Park <b>FL</b> <b>Zip Code</b> 33403					
<b>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.</b>					
<b>SIGNATURE</b> <u>Fredrick Cage</u> <small>Signature, typed or printed name of registered agent and not applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE <u>4/23/03</u>			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Fredrick L. Cage- PRESIDENT 430 Bayberry Drive Lake Park, FL 33403	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Tatiana N. Carter-Cage- VICE PRESIDENT 430 Bayberry Drive Lake Park, FL 33403	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Marcelina S. Jones- SECRETARY 1300 West 6th Street Riviera Beach, FL 33404	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Carolyn J. Freeman- TREASURE 5901 Caribbean Boulevard West Palm Beach, FL 33407	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Patricia A. Furlow-DIRECTOR 1083 West 26th Street Riviera Beach, FL 33404	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Shacara K. Andrews-DIRECTOR 1083 West 26th Street Riviera Beach, FL 33404	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Fredrick Cage</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/23/03</u> DAYTIME PHONE # <u>(561) 832-3333</u>			

CR2E034B (12/02)