

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 006 ****61.25

DOCUMENT # N01000003849

1. Entity Name

CENTRE OF TRANSFORMATION, INC.



Principal Place of Business

**4351 NW 25TH PLACE
FT. LAUDERDALE FL 33313**

Mailing Address

**4351 NW 25TH PLACE
FT. LAUDERDALE FL 33313**

2. Principal Place of Business

**5547 N. ST. Rd. 7
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 935005
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

TAMARAC FLA

City & State

Margate, FLA

4. FEI Number **NOT APPLICABLE**

☒ Applied For
☐ Not Applicable

Zip

33319

Country

USA

Zip

33093

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARMAN, GUY
3801 S. OCEAN DR. 4Z
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name **BONNIE SAPP**

Street Address (P.O. Box Number is Not Acceptable)

4351 N.W. 25 Place

City **Lauderhill**

FL

Zip Code
33313

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

Bonnie Sapp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **SAPP, BONNIE**
STREET ADDRESS **4351 NW 25TH PLACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33313**

TITLE **D** ☐ Delete
NAME **SCOTT, MICHELE**
STREET ADDRESS **4601 NW 74TH AVE.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Delete
NAME **SMITH, LINDA**
STREET ADDRESS **5315 NW 27TH ST., 5A**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **D** ☐ Delete
NAME **SCOTT, ERMINA L**
STREET ADDRESS **4601 NW 74TH AVE.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☒ Delete
NAME **BARTHEL, MARCIA S**
STREET ADDRESS **1830 NW 52ND AVE.**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DONNA THOMAS**
STREET ADDRESS **1612 N.W. 15 Ave**
CITY-ST-ZIP **FT. Laud, FLA. 33311**

TITLE ☐ Change ☐ 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:

Bonnie Sapp **Bonnie Sapp** President **4/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)