

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004607

FILED
Sep 08, 2008
Secretary of State

Entity Name: MAD DADS OF THE PALM BEACHES & TREASURE COAST, INC.

Current Principal Place of Business:

531 NW 10TH AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 549
BOYNTON BEACH, FL 33425

New Mailing Address:

FEI Number: 27-0064773 **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:

JACKSON, DORIS
531 N.W. 10TH AVENUE
BOYNTON BEACH, FL 33435 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: D/C () Delete
Name: BRYANT, AUSBEE B JR
Address: 203 SW 14TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: P/D () Delete
Name: NEWTON, C LLOYD
Address: 701 N W 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: V/D () Delete
Name: THOMPSON, KAREEM
Address: 1881 N E 2ND LANE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: T/D () Delete
Name: JACKSON, DORIS
Address: 531 N W 10TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: S () Delete
Name: SEABROOK, TRACEY
Address: 8032 STIRRUP CAY CT.
City-St-Zip: BOYNTON BEACH, FL 33436 US

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 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: DORIS JACKSON

T/D

09/08/2008

Electronic Signature of Signing Officer or Director

Date