


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 015 ****61.25

DOCUMENT # N04000004125 1. Entity Name ALPHA PEARL FOUNDATION, INC.					
Principal Place of Business 1227 HAMPTON BLVD N. LAUDERDALE, FL 33068			Mailing Address PO BOX 24463 BOYNTON BEACH, FL 33424		
2. Principal Place of Business <i>4276 Wokker Drive</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>LAKE WORTH FL.</i>		City & State 			
Zip <i>33467</i>		Country <i>Palm Beach</i>		Zip 	
Country 		4. FEI Number 45-0532679			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARTER, MONA 2901 CLINT MOORE ROAD #254 BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name <i>Sonja Jones</i> Street Address (P.O. Box Number is Not Acceptable) <i>1227 Hampton Blvd</i> City <i>N Lauderdale FL</i> Zip Code <i>33068</i>	
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: <i>Sonja Jones</i> <i>Sonja Jones</i> <i>8/6/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HART, NADINE 205 MARTIN LUTHER KING BLVD DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, SONJA 1227 HAMPTON BLVD. NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NIX, DEBORAH 3430 BLVD. CHATELAINE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUNDRY, HELEN 3512 DIANE LANE BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jennifer Tims</i> <i>8/6/2006 (561) 649-7919</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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