

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003161

FILED
Apr 27, 2007
Secretary of State

Entity Name: TITLE 1 ELEMENTARY AND SECONDARY EDUCATION ACT PARENT COUNCIL OF FLORIDA INC.

Current Principal Place of Business:

2171 NORTH WEST 47TH TERRACE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2171 NORTH WEST 47TH TERRACE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-1247074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLOCK, KENT
12750 N.W. 27TH AVE #57
OPA-LOCKA, FL 33054 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 () Delete
Name: POLLOCK, KENT
Address: 12750 N.W. 27TH AVE #57
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: ROSS, MARTHA
Address: 1376 NW 71ST STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: MARDRIZ, ANA
Address: 14257 S.W. 177TH TERRACE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: CUTTLER, GLEN
Address: 1801 S.W. 82ND PLACE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: EDWARDS, SHERELEAN
Address: 600 AHMAD STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: PRUITT, ETHEL
Address: 8400 N.W. 10TH AVE
City-St-Zip: MIAMI, FL 33150

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:

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: KENT POLLOCK

DIR

04/27/2007

Electronic Signature of Signing Officer or Director

Date