

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005001 (1)**

1. Corporation Name
PAHOKEE TARGET AREA PARENT GROUP, INC.



Principal Place of Business
**380 E 5TH ST
PAHOKEE FL 33476**

Mailing Address
**380 E 5TH ST
PAHOKEE FL 33476**

3. Date Incorporated or Qualified
10/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0641526

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WILLIAMS, ANN
380 E 5TH ST
PAHOKEE FL 33476**

10. Name and Address of New Registered Agent

81 Name
ANNE WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)
380 E. 5TH ST.

83

84 City
PAHOKEE

85 Zip Code
FL 33476

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ANNE	
STREET ADDRESS	412 COCONUT RD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SLYDELL, CAMILLA	
STREET ADDRESS	393 SHIRLEY DR	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JACKSON, RACQUEL	
STREET ADDRESS	8645 GLADES DR	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEELE, MICHELLE	
STREET ADDRESS	435 CYPRESS AVE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, CONNIE	
STREET ADDRESS	522 PAHOKEE CIR	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 (407) 924-7178
Date Daytime Phone #

CR2E037 (12/95)