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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005001 (1)**
1. Corporation Name
PAHOKEE TARGET AREA PARENT GROUP, INC.



Principal Place of Business 980 E 5TH ST PAHOKEE FL 33476	Mailing Address 380 E 5TH ST PAHOKEE FL 33476-1820
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3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0641526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ANNE WILLIAMS
380 W 5TH ST.
PAHOKEE FL 33476**

10. Name and Address of New Registered Agent
81 Name **SHANTRON SMITH**
82 Street Address (P.O. Box Number is Not Acceptable)
364 ANNOVA AVENUE
83
84 City **PAHOKEE** **FL** **85** Zip Code **33476**

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 *Shantron Smith* (NOTE: Registered Agent signature required when reinstating) DATE **4-1-97**

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ANNE	
STREET ADDRESS	412 COCONUT RD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SLYDELL, CAMILLA	
STREET ADDRESS	393 SHIRLEY DR	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, RACQUEL	
STREET ADDRESS	8645 GLADES DR	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, MICHELLE	
STREET ADDRESS	435 CYPRESS AVE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input checked="" 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, SHANTRON	
1.3 STREET ADDRESS	364 ANNOVA AVENUE	
1.4 CITY-ST-ZIP	PAHOKEE, FL 33476	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATTERSON, VONZILLE	
2.3 STREET ADDRESS	411 J. MALONE DRIVE	
2.4 CITY-ST-ZIP	PAHOKEE, FL 33476	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REEVES, CAROLYN	
3.3 STREET ADDRESS	364 ANNOVA AVENUE	
3.4 CITY-ST-ZIP	PAHOKEE, FL 33476	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROWN, MONICA	
4.3 STREET ADDRESS	728 PADGETT CIRCLE	
4.4 CITY-ST-ZIP	PAHOKEE, FL 33476	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 *Shantron Smith* DATE **4-1-97**

CR2E037 (9/96)