


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		Mailing Address		3. Date Incorporated or Qualified	
380 E 5TH ST PAHOKEE FL 33476		380 E 5TH ST PAHOKEE FL 33476		10/19/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0641526	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		29	
25		29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

SMITH, SHANTRON
 364 ANNONA AVE
 PAHOKEE FL 33476

81 Name	Tameka Holmes
82 Street Address (P.O. Box Number is Not Acceptable)	8735 Glades Drive #73
83	
84 City	Pahokee FL 85 Zip Code 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 Tameka Holmes Director/President DATE 01-08-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, SHANTRON	1.2 NAME	Tameka Holmes
STREET ADDRESS	364 ANNONA AVE	1.3 STREET ADDRESS	8735 Glades Drive #73
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, VONZILLE	2.2 NAME	Luella Wilson
STREET ADDRESS	411 J MALONE DR	2.3 STREET ADDRESS	200 S. Lake Ave. #2
CITY-ST-ZIP	PAHOKEE FL	2.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEVES, CAROLYN	3.2 NAME	Sanice Smith
STREET ADDRESS	364 ANNONA AVE	3.3 STREET ADDRESS	541 1/2 E. Main St.
CITY-ST-ZIP	PAHOKEE FL	3.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, MONICA	4.2 NAME	Sylvia Kimes
STREET ADDRESS	728 PADGETT CIRCLE	4.3 STREET ADDRESS	401 N. Coconut Rd.
CITY-ST-ZIP	PAHOKEE FL	4.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Tameka Holmes **REQUIRED** DATE 01-08-98 (561) 924-7178

CR2E037 (10/97)