

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90199 050 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000005001**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/19/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0641526	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

HOLMES, TAMEKA  
 8735 GLADES DR  
 PAHOKEE FL 33476

10. Name and Address of New Registered Agent

81	Name	Vivian White	
82	Street Address (P.O. Box Number is Not Acceptable)	8729 Doveland Dr	
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: *Vivian White* DATE: 4/26/99  
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HOLMES, TAMEKA	1.1 TITLE	Vivian White <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, TAMEKA	1.2 NAME	8729 Doveland Drive
STREET ADDRESS	8735 GLADES DR, #73	1.3 STREET ADDRESS	Pahokee, FL 33476
CITY-ST-ZIP	PAHOKEE FL 33476	1.4 CITY-ST-ZIP	
TITLE	DV WILSON, LUELLA	2.1 TITLE	Tia Durham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LUELLA	2.2 NAME	441 Dolan Rd
STREET ADDRESS	200 S LAKE AE, #2	2.3 STREET ADDRESS	Pahokee, FL 33476
CITY-ST-ZIP	PAHOKEE FL 33476	2.4 CITY-ST-ZIP	
TITLE	DS SMITH, JANICE	3.1 TITLE	Tenille Alexander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JANICE	3.2 NAME	212 Shirley Drive
STREET ADDRESS	541 1/2 E MAIN ST	3.3 STREET ADDRESS	Pahokee, FL 33476
CITY-ST-ZIP	PAHOKEE FL 33476	3.4 CITY-ST-ZIP	
TITLE	DT KIMES, SYLVIA	4.1 TITLE	Connie White <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMES, SYLVIA	4.2 NAME	529 Pahokee Circle
STREET ADDRESS	401 N COCONUT RD	4.3 STREET ADDRESS	Pahokee, FL 33476
CITY-ST-ZIP	PAHOKEE FL 33476	4.4 CITY-ST-ZIP	
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 with all other like empowered.

SIGNATURE: *Vivian White* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (561) 924-6466  
Date Daytime Phone #

CR2E037 (1/198)