2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0055127

05-18-2001 91774 001 *****8.75
05-18-2001 91774 002 ****61.25

DOCUMENT # N95000005001

1. Entity Name

PAHOKEE TARGET AREA PARENT GROUP, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0641526 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, VIVIAN 8729 DOVELAND DR PAHOKEE FL 33476	Name: Ruth Holmes Street Address (P.O. Box Number is Not Acceptable): 732 Joe Louis Ave. #9 City: Pahokee FL Zip Code: 33476

8. 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 Ruth Holmes 4/24/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP NAME BROWN, MONICA STREET ADDRESS 501 EAST JORDAN BLVD CITY-ST-ZIP PAHOKEE FL 33476	☒ Delete	TITLE NAME Ruth Holmes STREET ADDRESS 732 Joe Louis Ave. #9 CITY-ST-ZIP Pahokee, FL 33476	☐ Change ☒ Addition
TITLE DV NAME CAMACHO, MARIA STREET ADDRESS 617 BACON POINT RD CITY-ST-ZIP PAHOKEE FL 33476	☒ Delete	TITLE NAME Jamika Phillips STREET ADDRESS 182 Chamberlain Court CITY-ST-ZIP Pahokee, Fl 33476	☐ Change ☒ Addition
TITLE DS NAME GUERRA, MARIA STREET ADDRESS 3533 AIRPORT RD CITY-ST-ZIP PAHOKEE FL 33476	☒ Delete	TITLE NAME Arcilia Davis STREET ADDRESS 8 Rodger Rd. CITY-ST-ZIP Pahokee, FL 33476	☐ Change ☒ Addition
TITLE DT NAME DURHAM, TIA STREET ADDRESS 441 COCONUT RD CITY-ST-ZIP PAHOKEE FL 33476	☒ Delete	TITLE NAME Bele'n Beltrain STREET ADDRESS #6 Linda Lane CITY-ST-ZIP Pahokee, FL 33476	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Ruth Holmes 04/26/01

CR2E037 (10/00)