

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001144**

1. Entity Name

THE CREATING POSITIVE CHANGE FOUNDATION, INC.

Principal Place of Business

**412 NE 26 ST
WILTON MANORS FL 33305**

Mailing Address

**412 NE 26 ST
WILTON MANORS FL 33305**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0655930

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, NAOMI
412 NE 26 ST
WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, NAOMI	
STREET ADDRESS	412 NE 26 ST	
CITY-ST-ZIP	WILTON MANORS FL 33305	

TITLE	DV	<input type="checkbox"/> Delete
NAME	KING, MAUD G	
STREET ADDRESS	2471 NW 30TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	MILLIN-MEUS, INES	
STREET ADDRESS	412 NE 26 ST	
CITY-ST-ZIP	WILTON MANOR FL 33305	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Naomi Parker***FEES REQUIRED****FILED**
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90061 049 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

9/5/01 (954)
561-9116