

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90972 040 ****61.25

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

1350 E Sunrise Blvd

Suite/Apt. #, etc.

#127

3. Mailing Address

1350 E Sunrise Blvd

Suite/Apt. #, etc.

#127

City & State

Fort Lauderdale FL

Zip **33304**

Country

USA

City & State

Fort Lauderdale FL

Zip **33304**

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Naomi Parker

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PARKER, NAOMI**
STREET ADDRESS **412 NE 26 ST**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **DV** ☐ Delete
NAME **KING, MAUD G**
STREET ADDRESS **2471 NW 30TH WAY**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **DVP** ☐ Delete
NAME **MILLIN-MEUS, INES**
STREET ADDRESS **412 NE 26 ST**
CITY-ST-ZIP **WILTON MANOR FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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*

SIGNATURE REQUIRED

4/25/03 (954) 522-1077

CR2E037 (10/02)