

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002292	
1. Entity Name B.T.C. PARENTS, INCORPORATED	

Principal Place of Business 3756 N.W. 37TH STREET LAUDERDALE LAKES FL 33309	Mailing Address P.O. BOX #8894 FT. LAUD. FL 33310-8894
--	---

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

Zip	Country	Zip	Country
-----	---------	-----	---------

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0666507 ☐ Applied For ☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLACK-BARRON, KAREN E
3756 N.W. 37TH STREET
LAUDERDALE LAKES FL 33309

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK-BARRON, KAREN E 3756 NW 37TH STREET LAUDERDALE LAKES FL 33309 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GIBBS, VONICE 7497 NW 49TH PLACE LAUDERHILL FL 33319 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCKHART, KAYSANDRA 5820 N.W. 17TH PLACE, UNIT 206 SUNRISE FL 33313 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, THELMA D 620 N.W. 33RD AVE. FT. LAUDERDALE FL 33311 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 000000495135 04/20/06-80073-007 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 duly empowered.

[Handwritten signatures and dates]