

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002292

FILED
Jan 14, 2009
Secretary of State

Entity Name: B.T.C. PARENTS, INCORPORATED

Current Principal Place of Business:

3756 N.W. 37TH STREET
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX #8894
FT. LAUD., FL 333108894

New Mailing Address:

FEI Number: 65-0666507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLACK-BARRON, KAREN E
Address: 3756 NW 37TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DVT () Delete
Name: GIBBS, VONICE
Address: 7497 NW 49TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

Title: SD () Delete
Name: LOCKHART, KAYSANDRA
Address: 5820 N.W. 17TH PLACE, UNIT 206
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: MARTIN, THELMA D
Address: 620 N.W 33RD AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN E. BLACK-BARRON

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date