

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90655 013 ****70.00

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1. Entity Name

DARVILLE'S PRESCHOOL: AN EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

**4695 DYSON CIR N.
WEST PALM BEACH FL 33415**

Mailing Address

**1143 LAKE BREEZE DRIVE
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0744670**

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

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PARKER, HENRY**
STREET ADDRESS **871 PALM BLVD**
CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE ☐ Change ☒ Addition
NAME **Executive Director
Sabrena Darville**
STREET ADDRESS **1143 Lake Breeze Drive**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D** ☐ Delete
NAME **WORTHY, ELIAH**
STREET ADDRESS **1316 SW AVENUE B**
CITY-ST-ZIP **BELLE GLADE FL 33460**

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

TITLE **S** ☐ Delete
NAME **BABB, LAKEITHA**
STREET ADDRESS **13727 SUNFLOWER COURT**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **P** ☐ Delete
NAME **JOHNSON, CHARLES**
STREET ADDRESS **1280 LAKE BREEZE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **T** ☐ Delete
NAME **THOMAS, WENDY**
STREET ADDRESS **8789 APT D DOVE LAND DR**
CITY-ST-ZIP **PAHOKEE FL 33476**

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

TITLE **Sabrena** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

3/4/03 (561)684-6966

CR2E037 (10/02)