

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003737

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** BEAUTIFUL CHILDREN OF ALL COLORS UNIVERSITY, INC.

**Current Principal Place of Business:**

2700 LEON AVE  
SARASOTA, FL 34234 US

**New Principal Place of Business:**

**Current Mailing Address:**

2700 LEON AVE  
SARASOTA, FL 34234 US

**New Mailing Address:**

**FEI Number:** 65-0765510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARTIN, SHERRY D  
2700 LEON AVE  
SARASOTA, FL 34234 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: PD ( ) Delete  
Name: MARTIN, SHERRY D  
Address: 2700 LEON AVE  
City-St-Zip: SARASOTA, FL 34234 US

Title: T/S ( ) Delete  
Name: JOGINA, WHITE  
Address: 2261 WEST LOCKWOOD LAKE CIRCLE  
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete  
Name: YANCY, KAREN  
Address: 1863-32ND STREET  
City-St-Zip: SARASOTA, FL 34234

Title: VPD ( ) Delete  
Name: BRANDON, DEANGELIS  
Address: 2700 LEON AVE  
City-St-Zip: SARASOTA, FL 34234 US

**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: VPD (X) Change ( ) Addition  
Name: BRANDON, DEANGELIS  
Address: 1019 70TH STREET CT EAST  
City-St-Zip: RUBONIA, FL 34221 US

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: SHERRY D. MARTIN

PD

07/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date