

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000006373

1. Entity Name
BARBARA'S PLAYHOUSE A HAVEN FOR LITTLE ANGELS, INC.



FILED
05 JUN -2 AM 11:55

**SECRET/ STATE
TALLAHASSEE, FLORIDA**



04062005 REIN-NP CR2E099 (6/04)

Principal Place of Business
**4689 SABLE PINE CIRCLE, 952 A2
WEST PALM BEACH, FL 33417-3135**

Mailing Address
**4689 SABLE PINE CIRCLE, 952 A2
WEST PALM BEACH, FL 33417-3135**

2. Principal Place of Business
3517 WINDSOR AVE

3. Mailing Address
3517 WINDSOR AVE

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33407

Country
PAIM BCL

4. FEI Number
31-1639511

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCMILLAN-TOOMBS, BARBARA
4689 SABLE PINE CIRCLE, 952 A2
WEST PALM BEACH, FL 33417-3135

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 *Barbara McMillan Toombs*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete MCMILLAN-TOOMBS, BARBARA 4689 SABLE PINE CIRCLE, 952 A2 WEST PALM BEACH, FL 334173135	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 100055983201 06/09/05--01068--010	
TITLE VD	<input type="checkbox"/> Delete BROOKINGS, JAMES 371 32ND STREET WEST RIVIERA BEACH, FL 33404	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 100055983201 06/09/05--01068--020 **61.25	
TITLE SD	<input type="checkbox"/> Delete WILLIAMS-JENKINS, PATCY J 1120 SAPODILLA AVENUE WEST PALM BEACH, FL 33401	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	<input type="checkbox"/> Delete COLE, NAOMI J 1389 33 STREET WEST RIVIERA BEACH, FL 33404	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 04-05	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Barbara McMillan Toombs* **President** **05/25/05** **863-6114**
Signature and typed or printed name of signing officer or director Date Daytime Phone #