


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90097 026 ****61.25

DOCUMENT # N98000006373					
1. Entity Name BARBARA'S PLAYHOUSE A HAVEN FOR LITTLE ANGELS, INC.					
Principal Place of Business 3517 WINDSOR AVE WEST PALM BEACH, FL 33407			Mailing Address 3517 WINDSOR AVE WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box # 1151 W. 4th St		3. Mailing Address 1151 W. 4th St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State RIVIERA Bch, FL		City & State RIVIERA Bch, FL		4. FEI Number 31-1639511	
Zip 33404		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P	NAME MCMILLAN-TOOMBS, BARBARA		<input type="checkbox"/> Delete	TITLE P	NAME McMillan-Toombs, Barbara
STREET ADDRESS 4689 SABLE PINE CIRCLE, 952 A2	CITY-ST-ZIP WEST PALM BEACH, FL 334173135		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 1151 W. 4th Street	CITY-ST-ZIP Riviera Beach, FL 33404
TITLE VD	NAME BROOKINGS, JAMES		<input type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 371 32ND STREET WEST	CITY-ST-ZIP RIVIERA BEACH, FL 33404		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
TITLE SD	NAME WILLIAMS-JENKINS, PATCY J		<input type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 1120 SAPODILLA AVENUE	CITY-ST-ZIP WEST PALM BEACH, FL 33401		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
TITLE TD	NAME COLE, NAOMI J		<input type="checkbox"/> Delete	TITLE TD	NAME COLE, NAOMI
STREET ADDRESS 1389 33 STREET WEST	CITY-ST-ZIP RIVIERA BEACH, FL 33404		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 912 OLIVE TREE CIRCLE	CITY-ST-ZIP GREENACRES, FL 33413
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barbara McMillan Toombs</u>				Date: <u>03/03/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>561 804 7845</u>	