

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000006373

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



Principal Place of Business
**1151 W. 4TH ST
WEST PALM BEACH, FL 33404**

Mailing Address
**1151 W. 4TH ST
WEST PALM BEACH, FL 33404**



04302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1639511	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MCMILLAN-TOOMBS, BARBARA**
STREET ADDRESS **1151 W. 4TH STREET**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **VD**
NAME **BROOKINGS, JAMES**
STREET ADDRESS **371 32ND STREET WEST**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **SD**
NAME **WILLIAMS-JENKINS, PATCY J**
STREET ADDRESS **1120 SAPODILLA AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TD**
NAME **COLE, NAOMI J**
STREET ADDRESS **912 OLIVE TREE CREEK**
CITY-ST-ZIP **GREENACRES, FL 33413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 *Barbara McMillan Toombs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/08

Date

Daytime Phone #