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

DOCUMENT # N 98000006373

1. Entity Name
BARBARA'S PLAYHOUSE A HAVEN FOR LITTIE ANGEIS, INC.



03 MAY -8 AM 2: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	DO NOT WE	ITE IN THIS S	PACE	5502	18927	
2. Principal Place of Business 3. Mailing Address 4/8 4 5 Ab/L D			DINE Circle	1		
Suite, Apt. #, etc.		Suite, Apt. #, etc. / 952 A 2	Suffe Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State	LIJEST Palm BEACH FI		4. FEI Number Applied For 31 - 1 (a.395) Not Applicable	
Zip	Country	33417-3135	Country P S A	5. Certificate of Status Desired	¢9.75 A 4 200 - 1	
				7. Name and Address of Current Registered Agent		
S PONOT WOLF			Name Barbar	Barbara McM Man-Tund		
	<u> DO NO</u> I	和自己的一种 10年以来,但其代别的一种,是是代数的	Street Address	PO Box Number is Not Acceptate	ole)	
	INTHIS	SPACE	Horas	- Rest	C ICA PLAT	
N.			City	On the Co	Zip Code	
8 The above	nemed entity submits this state	ement for the numose of changing i	ts registered office or register	POIN BEACK	FL 334.17	
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 it applicable. (NOTE: Registered Agent signature required when rehistating) DATE						
	FEE IS 861.25		ampaign Financing Contribution.		lake Check Payable to ida Department of State	
	Initial or Amended UBI	(Ings, run)		Accept to 1 des		
10,		AND DIRECTORS	Total Control of Control Control Control			
TITLE NAME	Presi Dent Barbara McMillal	v. Tours	NAME CONTRACTOR	250091 3		
STREET ADDRESS 4689 SABLE PINE CITCLE 952 AZ			STREET ADDRESS		2 1 0036 ** 6#254	
CITY-ST-ZIP	WEST PAIN BEACH	FI 33417-3135	CITY_ST_ZP			
TITLE D	LILE DIEST DENT		mue 3			
NAME JAMES BROOKINGS STREET ADDRESS 371 32 NO ST W.			HAME	DAME STREET ADDRESS		
CITY-ST-ZIP RIVIERA BEACH FI 33404			CITY: ST: ZIP L			
TITLE D SECRETARY RENEWS D						
TITLE D SECRETARY NAME PATCY J. N'III'MMS. JENKINS D NAME PATCY J. N'II'MMS. JENKINS D STREET ADDRESS LIZO SAPOD'INA AVE STREET ADDRESS LIZO SAPOD'INA AVE			HANE			
STREET ADDRESS. 1120 SAPONIA 400			STREET ADDRESS			
	WEST PHIM DE	ACS. FI 33401	CUTY ST 2P. CA	and the second of the control of the	Control of the Contro	
NAME NAOM: J. COLG				IN THIS SPACE		
STREET ADDRESS 1389 33 ST W.			STREET ADDRESS			
STREET ADDRESS 1389 33 St. W. CITY-ST-ZIP RIVIERA BEACH FI 33404			CITY ST, ZPS 1			
TITLE)	Time of the			
NAME STORES + Bookeds			NAME			
STREET ADDRESS City-ST-Zip		•	STREET ADDRESS			
TITLE	 		mir			
NAME			I NAME SEED OF THE PARTY		anish as a second	
STREET ADDRESS	ĺ		STREET ADDRESS			

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Mc Millan Domb

02/28/03 (21) 686-7740