

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 MAY -8 AM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55028927

DOCUMENT # *N98000006373*

1. Entity Name

*BARBARA'S PLAYHOUSE A HAVEN FOR
LITTLE ANGELS, INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4689 SABLE PINE Circle

952 A2

West Palm Beach FL

33417-3135

USA

4. FEI Number

31-1639511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Barbara McMillan-Tombs

Street Address (P.O. Box Number is Not Acceptable)

4689 SABLE PINE Circle 952 A2

West Palm Beach

City

West Palm Beach

FL

Zip Code

33417

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *BARBARA McMILLAN-TOMBS*
STREET ADDRESS *4689 SABLE PINE Circle 952 A2*
CITY-ST-ZIP *West Palm Beach, FL 33417-3135*

TITLE *VICE PRESIDENT*
NAME *JAMES BROOKINGS*
STREET ADDRESS *371 32nd St W.*
CITY-ST-ZIP *RIVIERA BEACH, FL 33404*

TITLE *SECRETARY*
NAME *PATCY J. WILLIAMS-JENKINS*
STREET ADDRESS *1120 SAPODILLA AVE*
CITY-ST-ZIP *West Palm Beach, FL 33401*

TITLE *TREASURER*
NAME *NAOMI J. COLE*
STREET ADDRESS *1389 33rd St. W.*
CITY-ST-ZIP *RIVIERA BEACH, FL 33404*

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Barbara McMillan-Tombs

02/28/03 (311) 686-7740

CR2E037B (12/02)