

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # P99000045855**

1. Entity Name

**INVOLVED MOTIVATED PARENTS AS CLASSROOM  
TEACHERS, INC.**



02-04-2004 90046 046 \*\*\*150.00

Principal Place of Business

**3359 BELVEDERE RD  
SUITE A  
WEST PALM BEACH FL 33406**

Mailing Address

**3359 BELVEDERE RD  
SUITE A  
WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0923476**

Applied For  
Not Applicable

Zip

Country

*Palm Beach*

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLIGAN, ALPHONSO S ESQ  
4600 EAST PARK DR  
SUITE 201  
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D CLEVELAND, MICHAEL A**  
STREET ADDRESS **418 20TH STREET**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D HALL, JAMES**  
STREET ADDRESS **3300 WESTVIEW AVENUE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D EARLE, JANISE**  
STREET ADDRESS **4201 NW 17TH ST**  
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D ANDERSON, MARIE**  
STREET ADDRESS **131 WEST 31ST ST**  
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D FIELDS, ANGIE**  
STREET ADDRESS **270 SOUTH EAST 2ND AVE**  
CITY-ST-ZIP **SOUTH BAY FL 33493**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MILLIGAN, ALPHONDO S**  
STREET ADDRESS **4600 EAST PARK DRIVE SUITE 201**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/30/2004 561 640 4535*