


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002292
1. Corporation Name

B.T.C. PARENTS, INCORPORATED

Principal Place of Business

Mailing Address

The original principal place of business address has changed.

3. Date Incorporated or Qualified
April 24, 1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Residence

26 P. O. Box #8894

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3756 N.W. 37th Street

27 Ft. Laud. Fla.

City & State

City & State

23 Lauderdale Lakes, FL

28 33310-8894

Zip

Country

Zip

Country

24 33309

25 U.S.A.

29

30 U.S.A.

4. FEI Number

EIN 65-0666507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Karen E. Black-Barron

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

3756 N.W. 37th Street

83

Lauderdale Lakes, Florida

84 City

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Financial Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Kathy Turner-Shores	
STREET ADDRESS	2343 N.W. 28th Street	
CITY- ST- ZIP	Fort Lauderdale, Fla. 33311	
TITLE	Director - President	<input type="checkbox"/> DELETE
NAME	Karen E. Black-Barron	
STREET ADDRESS	3756 N.W. 37th Street	
CITY- ST- ZIP	Lauderdale Lakes, Florida 33309	
TITLE	Director - Vice-Pres. & Treas.	<input type="checkbox"/> DELETE
NAME	Vonice Gibbs	
STREET ADDRESS	7497 N.W. 49th Place	
CITY- ST- ZIP	Lauderhill, Florida 33319	
TITLE	Director - Recording Secretary	<input type="checkbox"/> DELETE
NAME	Kaysandra Lockhart	
STREET ADDRESS	5820 N.W. 17th Place, Unit 206	
CITY- ST- ZIP	Sunrise, Fla. 33313	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Thelma Delois Martin	
STREET ADDRESS	620 N.W. 33rd Avenue	
CITY- ST- ZIP	Fort Lauderdale, Fla 33311	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen E. Black-Barron

4/30/97

Date

Daytime Phone #

1792-2010

CR2E037 (9/96)