


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002292 1. Entity Name B.T.C. PARENTS, INCORPORATED	
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Principal Place of Business 3756 N.W. 37TH STREET LAUDERDALE LAKES FL 33309	Mailing Address P.O. BOX #8894 FT. LAUD. FL 33310-8894
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0666507
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**BLACK-BARRON, KAREN E
3756 N.W. 37TH STREET
LAUDERDALE LAKES FL 33309**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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		<input type="checkbox"/> Delete
TITLE	DP BLACK-BARRON, KAREN E	<input type="checkbox"/>
STREET ADDRESS	3756 NW 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	DVT GIBBS, VONICE	<input type="checkbox"/>
STREET ADDRESS	7497 NW 49TH PLACE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	SD LOCKHART, KAYSANDRA	<input type="checkbox"/>
STREET ADDRESS	5820 N.W. 17TH PLACE, UNIT 206	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D MARTIN, THELMA D	<input type="checkbox"/>
STREET ADDRESS	620 N.W. 33RD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000495135		
NAME	04/20/06-80073-007 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 as empowered.

[Handwritten Signature] 4/3/06 REC-792-2010