

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002292

FILED  
Feb 26, 2012  
Secretary of State

**Entity Name:** B.T.C. PARENTS, INCORPORATED

**Current Principal Place of Business:**

3756 N.W. 37TH STREET  
LAUDERDALE LAKES, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX #8894  
FT. LAUD., FL 333108894

**New Mailing Address:**

**FEI Number:** 65-0666507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BLACK-BARRON, KAREN E  
Address: 3756 NW 37TH STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DVT  
Name: GIBBS, VONICE  
Address: 7497 NW 49TH PLACE  
City-St-Zip: LAUDERHILL, FL 33319

Title: SD  
Name: LOCKHART, KAYSANDRA  
Address: 5820 N.W. 17TH PLACE, UNIT 206  
City-St-Zip: SUNRISE, FL 33313

Title: D  
Name: MARTIN, THELMA D  
Address: 620 N.W 33RD AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VONICE GIBBS

DVT

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date