

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012079

Entity Name: THE FLORIDA PEARLS, INCORPORATED**Current Principal Place of Business:**16820 NW 20TH AVENUE
MIAMI GARDENS, FL 33056**Current Mailing Address:**P.O. BOX 55-1527
MIAMI GARDENS, FL 33055 US**FEI Number:** 30-0586359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, BRENDA
16820 NW 20TH AVENUE
MIAMI GARDENS, FL 33056 US*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:** BRENDA WILLIAMS

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name WILLIAMS, BRENDA
Address 16820 NW 20TH AVENUE
City-State-Zip: MIAMI GARDENS FL 33056

Title TREASURER
Name SPARKS, DARLENE T
Address 16821 NW 20 AVE.
City-State-Zip: MIAMI GARDENS FL 33056

Title DIRECTOR
Name HOWARD, CARRIE W PHD
Address 73 HICKS ROAD
City-State-Zip: LAMONT FL 32336

Title DIRECTOR
Name KERCE, JOYCE G
Address PO BOX 922
City-State-Zip: PALMETTO FL 34220

Title DIRECTOR
Name PICKETT, ROSA
Address 2785 BLUE RAVEN CT.
City-State-Zip: LAKE MARY FL 32746

Title VC
Name FOUSHEE, ERNA
Address 365 TOXAWAY DRIVE
City-State-Zip: WEST PALM BEACH FL 33413

Title DIRECTOR
Name HERRING, CARRIE
Address 3603 HOOD COURT
City-State-Zip: TALLASSEE FL 32311

Title SECRETARY
Name DANGLADE, JOHNETTA
Address 4201 HEATH CIRCLE NORTH
City-State-Zip: WEST PALM BEACH FL 33407

Continues on page 2

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: DARLENE T SPARKS

TEEASURER

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	HARRIS, LILLIE	Name	LIVATT, PAULINE
Address	6321 S.W. 64TH ST.	Address	10530 SW 149TH STREET
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33176
Title	DIRECTOR		
Name	HORTON, LEOLA		
Address	4808 COHUNE PALM COURT		
City-State-Zip:	GREENACRES FL 33463		