

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002292

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX #8894  
FT. LAUD., FL 33310-8894

**FEI Number:** 65-0666507

**Certificate of Status Desired:** No

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

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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title D  
Name MARTIN, THELMA D  
Address 620 N.W 33RD AVE.  
City-State-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:** KAREN E. BLACK-BARRON

DP

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date