2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744085

City-St-Zip: N BAY VILLAGE, FL 33141

MIAMI COLINTRY DAY SCHOOL INC

FILED Sep 08, 2004 Secretary of State

Entity Name: MIAMI COUNTRY DAY SCHOOL, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	07TH STREE ⁻ 332387608	Г			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX: MIAMI, FL					
FEI Number:	: 59-1278987	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
HOWE JR, OSMOND C C/O HOWE, ROBINSON, & WATKINS 501 BRICKELL KEY DR., SUITE 504 MIAMI, FL 33131 US				ANNE PAULK 9906 N.E. 4 AVENUE ROAD MIAMI SHORES, FL 33138 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ANNE PAULK				09/08/2004	
	Electron	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (PAULK, ANNE 9906 N.E 4 AV MIAMI SHORE:		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRANCO, MICH	SIDE TERRACE #1402	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (HACH, ELIZAB 987 NE 96TH S MIAMI SHORE:	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DT (FARREY, JOHI 1315 BAY TER		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANNE PAULK DP 09/08/2004