

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000010242

**Entity Name:** THE MIRACLE ACADEMY, CDC, INC.

**Current Principal Place of Business:**

19320 NW 8TH STREET  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

19320 NW 8TH STREET  
PEMBROKE PINES, FL 33029 US

**FEI Number: 26-4187388**

**Certificate of Status Desired: Yes**

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

COVERSON, GWENDOLYN S  
19320 NW 8TH STREET  
PEMBROKE PINES, FL 33029 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 D  
Name COVERSON, GWENDOLYN S  
Address 19320 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title D  
Name COVERSON, BRANDI M  
Address 19320 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title D  
Name DANIEL, TASHARA S  
Address 19320 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title P  
Name COVERSON, GWENDOLYN S  
Address 19320 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title S  
Name COVERSON, ARTHUR LJR.  
Address 19320 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title T  
Name COVERSON, GWENDOLYN S  
Address 19320 NW 8TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR  
Name SMITH, KIM V.  
Address 921 NW 46 STREET  
City-State-Zip: MIAMI FL 33127

Title DIRECTOR  
Name STURRUP, GAIL V.  
Address 921 NW 46 STREET  
City-State-Zip: MIAMI FL 33127

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GWENDOLYN S. COVERSON**

**DIRECTOR**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date