

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 15, 2005
Secretary of State

DOCUMENT# 702284

Entity Name: SPIRIT OF CHRIST CHILD DEVELOPMENT CENTER & ACADEMY, INC.**Current Principal Place of Business:**18801 W. DIXIE HIGHWAY
MIAMI, FL 33180**New Principal Place of Business:****Current Mailing Address:**18801 W. DIXIE HIGHWAY
MIAMI, FL 33180**New Mailing Address:****FEI Number:** 59-1024806**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LAMB, CECIL
18801 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: PD () Delete
Name: LAMB, CECIL
Address: 9331 SW 7TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete
Name: LAMB-POPE, CAMELON
Address: 7740 PANAMA STREET
City-St-Zip: MIRAMAR, FL 33023 US

Title: TD () Delete
Name: LAMB, CORVIN
Address: 20452 NW 44TH COURT
City-St-Zip: CAROL CITY, FL 33055 US

Title: D () Delete
Name: RANDOLPH, VENUS
Address: 505 NW 177TH STREET #216
City-St-Zip: MIAMI, FL 33169 US

Title: D () Delete
Name: NICHOLAS, LOIS
Address: 16950 WEST DIXIE HIGHWAY #331
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAMB, CAINON
Address: 9331 SW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D (X) Change () Addition
Name: KNOWLES, LINDA
Address: 20512 NW 33 COURT
City-St-Zip: MIAMI, FL 33056 US

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.

SIGNATURE: CECIL LAMB

PD

09/15/2005

Electronic Signature of Signing Officer or Director

Date