

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702284

FILED
Mar 19, 2009
Secretary of State

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 ()

Name and Address of Current Registered Agent:

LAMB POPE, CAMELON R DIRECTO
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: LAMB, CAINON
Address: 9331 SW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 33025 US

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

Title: D () Delete
Name: SIMS, LAJUANA L
Address: 18970 NW 27 AVENUE #205
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAMELON LAMB POPE

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date