

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722900

FILED
May 01, 2009
Secretary of State

Entity Name: NORTH DADE COMMUNITY CHURCH/SUNSHINE DAYCARE/SUNSHINE LEARNING CENTER, INC.

Current Principal Place of Business:

700 N.W. 175 ST.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

700 N.W. 175 ST.
MIAMI, FL 33169

New Mailing Address:

FEI Number: 59-1457487 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FAIRWEATHER, NEWTON
700 N.W. 175 ST.
MIAMI, FL 33169 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: FAIRWEATHER, NEWTON
Address: 20240 NW 3RD AVE
City-St-Zip: MIAMI GARDEN, FL 33169

Title: VD () Delete
Name: KNIGHT, VAL
Address: 7321 DI LIDO BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: BACCUS, MIKE
Address: 1735 NW 190 TER.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: SMITH, EDDIE
Address: 1450 NW 197 ST
City-St-Zip: MIAMI GARDENS, FL 33169

Title: SD () Delete
Name: FISHER, JUSTIN
Address: 900 NW 179 TER
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: CLARKE, ERROL
Address: 3450 NW 177TH TERR
City-St-Zip: MIAMI GARDENS, FL 33056

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

Title: SD (X) Change () Addition
Name: MCNEALY, ELAINA
Address: 700 NW 175 ST.
City-St-Zip: MIAMI GARDENS, FL 33169

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: NEWTON FAIRWEATHER

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date