

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 756034

1. Entity Name
MIAMI CHRISTIAN SCHOOL



Principal Place of Business
 200 N.W. 109 AVENUE
 MIAMI, FL 33172

Mailing Address
 200 N.W. 109 AVENUE
 MIAMI, FL 33172



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-0774196 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

MORRISON, LORENA
 200 N.W. 109 AVE
 MIAMI, FL 33172

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8. 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. I am familiar with, and accept the obligations of registered agent. *School Head*

SIGNATURE

Lorena Morrison

Signature, typed or printed name of registered agent and title if applicable

Lorena Morrison

(NOTE: Registered Agent signature required when reinstating)

1-14-08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME LUKES, WILLIAM
 STREET ADDRESS 13450 SW 104TH AVENUE
 CITY-ST-ZIP MIAMI, FL 33176

TITLE VP/T
 NAME MERCADAL, TANIA
 STREET ADDRESS 2306 SW 140 PL
 CITY-ST-ZIP MIAMI, FL 33175

TITLE OFF
 NAME REILLY, KEYLA
 STREET ADDRESS 209 PEACOCK LANE
 CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE SEC
 NAME PEREZ, CARMEN
 STREET ADDRESS 10918 N.W 1ST LANE
 CITY-ST-ZIP MIAMI, FL 3172

TITLE OFF
 NAME ALVAREZ, VALENTIN
 STREET ADDRESS 3304 VIRGINIA ST. #4-A
 CITY-ST-ZIP MIAMI, FL 33133

TITLE OFF
 NAME OSEMEIKHIAN, EVELYN
 STREET ADDRESS 16010 S.W. 100 CT
 CITY-ST-ZIP MIAMI, FL 33157

U00000803851
 02/05/08-80044-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Lukes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2008

Date

(305) 221-7754

Daytime Phone #