

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756034

FILED
Apr 21, 2009
Secretary of State

Entity Name: MIAMI CHRISTIAN SCHOOL

Current Principal Place of Business:

200 N.W. 109 AVENUE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

200 N.W. 109 AVENUE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 59-0774196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, LORENA
200 N.W. 109 AVE
MIAMI, FL 33172 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: LUKES, WILLIAM
Address: 13450 SW 104TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VP/T () Delete
Name: MERCADAL, TANIA
Address: 2306 SW 140 PL
City-St-Zip: MIAMI, FL 33175

Title: OFF () Delete
Name: REILLY, KEYLA
Address: 209 PEACOCK LANE
City-St-Zip: HOLMES BEACH, FL 34217

Title: SEC () Delete
Name: PEREZ, CARMEN
Address: 10918 N.W 1ST LANE
City-St-Zip: MIAMI, FL 3172

Title: OFF () Delete
Name: ALVAREZ, VALENTIN
Address: 3304 VIRGINIA ST. #4-A
City-St-Zip: MIAMI, FL 33133

Title: OFF (X) Delete
Name: OSEMEIKHIAN, EVELYN
Address: 16010 S.W. 100 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: OFF (X) Change () Addition
Name: REILLY, KEYLA
Address: 3201 1ST AVE W
City-St-Zip: BRADENTON, FL 34205

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

Title: OFF (X) Change () Addition
Name: OSEMEIKHIAN, EVELYN
Address: 16010 S.W. 100 CT
City-St-Zip: MIAMI, FL 33157

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: WILLIAM LUKES

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date