

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01103

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE BILINGUAL COOPERATIVE PRESCHOOL, INC.

Current Principal Place of Business:

1205 SUNSET DRIVE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

1205 SUNSET DRIVE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-1956383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIRALA, GINA
7495 SW 72ND ST
MIAMI, FL 33143 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: D/T () Delete
Name: GIRALA, GINA
Address: 7495 SW 72ND STREET
City-St-Zip: MIAMI, FL 33143 US

Title: P () Delete
Name: HASSAN, UMEHANI
Address: 601 NE 36TH STREET, #1709
City-St-Zip: MIAMI, FL 33137 US

Title: T () Delete
Name: LA POINTE, CLAUDIA
Address: 5680 SW 85TH STREET
City-St-Zip: MIAMI, FL 33143 US

Title: S () Delete
Name: ROVIRA, BEGONA
Address: 6105 KILLIAN DRIVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: WOODMANSEE, HELEN
Address: 7700 SW 60TH AVENUE
City-St-Zip: MIAMI, FL 33143 US

Title: S (X) Change () Addition
Name: CHICHONI, LADELLE
Address: 12640 SW 92ND AVENUE
City-St-Zip: MIAMI, FL 33156

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: GINA GIRALA

D/T

04/08/2009

Electronic Signature of Signing Officer or Director

Date