

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009622

FILED
Jan 20, 2009
Secretary of State

Entity Name: TRINITY CHRISTIAN ACADEMY OF NORTH DADE, INC.

Current Principal Place of Business:

1498 WEST 84 ST
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1498 WEST 84 ST
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 43-1980709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JIMENEZ, JOSEPH N
17500 SW 29 COURT
MIRAMAR, FL 33029 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 () Delete
Name: JIMENEZ, JOSEPH N
Address: 17500 SW 29 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: JIMENEZ, THANIA
Address: 17500 SW 29 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: MENDEZ, YOHANKA
Address: 19410 NW 78 PLACE
City-St-Zip: MIAMI, FL 33015

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:

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: JOSEPH N. JIMENEZ

DIR

01/20/2009

Electronic Signature of Signing Officer or Director

Date