


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004627		
1. Entity Name MOUNT NEBO COMMUNITY LEARNING CENTER, INC.		
Principal Place of Business 6075 SW 64TH ST. MIAMI, FL 33143	Mailing Address 6075 SW 64TH ST. MIAMI, FL 33143	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHIPPLE, EMANUEL 6075 SW 64 ST MIAMI, FL 33143		DO NOT WRITE IN THIS SPACE
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. SIGNATURE <u>Emanuel Whipple</u> DATE <u>4/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIPPLE, EMANUEL 16209 SW 49 CT MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARY 17780 NW 67 AVE #1001 HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, IMOGENE 8333 SW 60 AVE MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Emanuel Whipple</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/12/05</u> <small>Date Daytime Phone #</small>



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2672253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/16/05-80018-007 61.25

**DO NOT WRITE
IN THIS SPACE**