

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006471

FILED
Sep 07, 2005
Secretary of State

Entity Name: MUSKETEER COMMUNITY LEARNING CENTER, INC.

Current Principal Place of Business:

850 IVES DAIRY ROAD., PMB #417
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

850 IVES DAIRY ROAD., PMB #417
MIAMI, FL 33179

New Mailing Address:

FEI Number: 32-0086631 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JANNIS, OLIVIA
1550 N.W. 134TH STREET
MIAMI, FL 33167 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: JANNIS, OLIVIA
Address: 1550 N.W. 134 STREET
City-St-Zip: MIAMI, FL 33167

Title: VD () Delete
Name: GRAHAM, TARSHA
Address: 99 N.W. 183RD STREET., #118
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: GREEN, SOUVENANCE B
Address: 5563 N.W. 189TH STREET
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ORFELINA, CUSTODIO
Address: 7725 NW 8TH
City-St-Zip: MIAMI, FL 33150

Title: TD (X) Change () Addition
Name: GREEN, SOUVENANCE B
Address: 6103 NW 7TH AVE
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLIVIA JANNIS

PD

09/07/2005

Electronic Signature of Signing Officer or Director

Date