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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03656** (8)

1. Corporation Name

NORTH DADE REGIONAL ACADEMY, INC.

Principal Place of Business

Mailing Address

20000 NW 47TH AVE. BLDG #80
MIAMI FL 33055-1543

1065 NE 125TH ST
STE-407
N MIAMI FL 33161
US

3. Date Incorporated or Qualified

06/13/1984

4. FEI Number

59-2368471

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, EVA
3311 N 178 ST
MIAMI FL 33055

81 Name

Natalie N. Kemp

82

Street Address (P.O. Box Number is Not Acceptable)

20000 N.W. 47th Avenue

83

Bldg. 60

84

City

Miami,

FL

85

Zip Code

33055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Natalie N. Kemp

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☒ DELETE
NAME ALLEN, EVA M.
STREET ADDRESS 3311 N.W. 178TH ST
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME KEMP, NATALIE N.
STREET ADDRESS 17800 NW 17 AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME KEMP, DAVID H
STREET ADDRESS 17800NW 17 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS Phyllis Wilson
4.4 CITY-ST-ZIP 3161 N.W. 92nd St.
Miami, FL 33147

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Natalie N. Kemp

Natalie N. Kemp

04/23/98

(305) 623-0706

CR2E037 (10/97)