

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03656

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** NORTH DADE REGIONAL ACADEMY, INC.

**Current Principal Place of Business:**

20000 NW 47TH AVE.  
BLDG 60  
MIAMI, FL 330551543

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 552054  
MIAMI, FL 33055 US

**New Mailing Address:**

**FEI Number:** 59-2368471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

**Name and Address of New Registered Agent:**

KEMP, NATALIE  
20000 NW 47TH AVE  
BLDG 60  
MIAMI, FL 33055 US

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: PRES ( ) Delete  
Name: KEMP, NATALIE M  
Address: 17800 NW 17TH AVE  
City-St-Zip: MIAMI, FL 33056

Title: SEC ( ) Delete  
Name: HUNTER, RUTH  
Address: 2301 NW 119 ST #117  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: KEMP, DAVID,  
Address: 17800 NW 17 AVE  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC (X) Change ( ) Addition  
Name: NELMS, SHEMIRE  
Address: 3311 NW 178 ST  
City-St-Zip: MIAMI, FL 33055

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: NATALIE KEMP

DIR

07/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date