


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90165 040 ****70.00

DOCUMENT # N04000004082							
1. Entity Name DR. JOHN A. MCKINNEY CHRISTIAN ACADEMY INCORPORATED AT NEW BIRTH BAPTIST CHURCH CATHEDRAL OF FAI							
Principal Place of Business 2300 NW 135TH STREET MIAMI, FL 33168			Mailing Address 2300 NW 135TH STREET MIAMI, FL 33168				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 11-3727379			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STARKE, LEONARDO D 3340 MCDONALD STREET COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent				
Name			Street Address (P.O. Box Number is Not Acceptable)				
City			FL Zip Code				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE C	NAME CURRY, VICTOR T DR. <input type="checkbox"/> Delete			TITLE D	NAME A. Nadine Gay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 2300 NW 135TH STREET	CITY-ST-ZIP MIAMI, FL 33167			STREET ADDRESS 2300 NW 135th Street	CITY-ST-ZIP MIAMI, FL 33167		
TITLE SD	NAME JOHNSON, CHANNEY DR. <input type="checkbox"/> Delete			TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2300 NW 135TH STREET	CITY-ST-ZIP MIAMI, FL 33167			STREET ADDRESS 	CITY-ST-ZIP 		
TITLE D	NAME WILSON, FREDERICA DR. <input type="checkbox"/> Delete			TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2300 NW 135TH STREET	CITY-ST-ZIP MIAMI, FL 33167			STREET ADDRESS 	CITY-ST-ZIP 		
TITLE D	NAME MINDINGALL, DOROTHY B MS. <input type="checkbox"/> Delete			TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2300 NW 135TH STREET	CITY-ST-ZIP MIAMI, FL 33167			STREET ADDRESS 	CITY-ST-ZIP 		
TITLE D	NAME BLOOM, SHELLY MR. <input type="checkbox"/> Delete			TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2300 NW 135TH STREET	CITY-ST-ZIP MIAMI, FL 33167			STREET ADDRESS 	CITY-ST-ZIP 		
TITLE CV	NAME MCKINNEY, RHONDA <input type="checkbox"/> Delete			TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2300 NW 135TH STREET	CITY-ST-ZIP MIAMI, FL 33167			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>A. Nadine Gay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date</small>						<small>Daytime Phone #</small>	

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