

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90002 042 ****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

40118209



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3727379

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARKE, LEONARDO D
3340 MCDONALD STREET
COCONUT GROVE, FL 33133

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
C
CURRY, VICTOR T DR.
STREET ADDRESS
2300 NW 135TH STREET
CITY-ST-ZIP
MIAMI, FL 33167

TITLE
NAME
D
WILSON, FREDERICA DR.
STREET ADDRESS
2300 NW 135TH STREET
CITY-ST-ZIP
MIAMI, FL 33167

TITLE
NAME
D
MINDINGALL, DOROTHY B MS.
STREET ADDRESS
2300 NW 135TH STREET
CITY-ST-ZIP
MIAMI, FL 33167

TITLE
NAME
D
BLOOM, SHELLY MR.
STREET ADDRESS
2300 NW 135TH STREET
CITY-ST-ZIP
MIAMI, FL 33167

TITLE
NAME
CV
MCKINNEY, RHONDA
STREET ADDRESS
2300 NW 135TH STREET
CITY-ST-ZIP
MIAMI, FL 33167

TITLE
NAME
D
A. Nadine Gay
STREET ADDRESS
2300 NW 135th
CITY-ST-ZIP
Miami, FL 33167

ADD

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

A. Nadine Gay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #