

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

11-3727379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CURRY, VICTOR T DR.
STREET ADDRESS	2300 NW 135TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	WILSON, FREDERICA DR.
STREET ADDRESS	2300 NW 135TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	MINDINGALL, DOROTHY B MS.
STREET ADDRESS	2300 NW 135TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	BLOOM, SHELLY MR.
STREET ADDRESS	2300 NW 135TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	CV
NAME	MCKINNEY, RHONDA
STREET ADDRESS	2300 NW 135TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	GAY, A. NADINE
STREET ADDRESS	2300 NW 135 56
CITY-ST-ZIP	MIAMI, FL 33167

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07/28/08-80001-010 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/08

Date

Daytime Phone #

786-318-3818