

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007676

Entity Name: SPIRIT CITY ACADEMY, INC.

FILED
Oct 17, 2006
Secretary of State

Current Principal Place of Business:

3400 N.W. 135TH STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

285 NW 199TH STREET
MIAMI GARDENS, FL 33169

Current Mailing Address:

3400 N. W. 135TH STREET
OPA LOCKA, FL 33054

New Mailing Address:

285 NW 199TH STREET
MIAMI GARDENS, FL 33169

FEI Number: 20-0847978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HONEYWOOD, CECILIA A
3400 N. W. 135TH STREET
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

HONEYWOOD, CECILIA A
285 NW 199TH STREET
MIAMI GARDENS, FL 33169 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: CECILIA A. HONEYWOOD

10/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MELTON, ALWYN J
Address: 417 NW 91ST STREET
City-St-Zip: MIAMI, FL 33150

Title: VC () Delete
Name: ORR, JOHNNY
Address: 1651 N. W. 153RD STREET
City-St-Zip: MIAMI, FL 33054

Title: S () Delete
Name: HUNT, JOAN
Address: 1341 N. W. 175TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: BM () Delete
Name: STROMAN, KOZMAN D
Address: 7008 N. W. 63RD STREET
City-St-Zip: TAMARAC, FL 33321

Title: BM () Delete
Name: ORR, EUNICE
Address: 1651 N. W. 153RD STREET
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALWYN J. MELTON

C

10/17/2006

Electronic Signature of Signing Officer or Director

Date