2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90066 024 ****70.00

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1. Entity Name
MIAMI CHRISTIAN HOME SCHOOL CENTER, INC.

Principal Place of Business
6965 GLENEAGLE DR
MIAM LAKES FL 33014

Mailing Address
6965 GLENEAGLE DR
MIAM LAKES FL 33014

2. Principal Place of Business: 6965 Gleneagle Dr.
Suite, Apt. #, etc.:

3. Mailing Address
Suite, Apt. #, etc.:

City & State: Miami Lakes, Fl.
Zip: 33014 Country: USA

City & State:
Zip: Country:

03312005 Chg-NP CR2E037 (10/03)

4. FEI Number: 27-0104375 Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAKE, BOBBIE
6965 GLENEAGLE DR
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name: Robbie Drake
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: [signature] 4/8/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	DRAKE, ROBBIE J	6965 GLENEAGLE DR	MIAMI LAKES, FL 33014	☐
V	TALBOT, KATHY	6122 NW 173 TERR	MIAMI, FL 33015	☒
D	DRAKE, KEN	6965 GLENEAGLE DR	MIAMI LAKES, FL 33014	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V	Maritza Reynolds	415 N.W. 124 ST.	Miami, Fl. 33168	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: [signature]