

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-10-2006 90103 005 ****70.00

DOCUMENT # N04000007702

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



Principal Place of Business
**6965 GLENEAGLE DR
MIAMI LAKES, FL 33014**

Mailing Address
**6965 GLENEAGLE DR
MIAMI LAKES, FL 33014**



2. Principal Place of Business

6965 Gleneagle Dr.

3. Mailing Address

6965 Gleneagle Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State

Miami Lakes

City & State

FL

4. FEI Number
27-0104375

Applied For
Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, ROBBIE
6965 GLENEAGLE DR
MIAMI LAKES, FL 33014**

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

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, 2006**

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 **P** ☐ Delete
NAME **DRAKE, ROBBIE J**
STREET ADDRESS **6965 GLENEAGLE DR**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **V** ☒ Delete
NAME **REYNOLDS, MARITZA**
STREET ADDRESS **415 N.W. 124 STREET**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE **D** ☐ Delete
NAME **DRAKE, KEN**
STREET ADDRESS **6965 GLENEAGLE DR**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **BOARD MEMBER** ☐ Delete
NAME **SIDNEY REESE**
STREET ADDRESS **960 NE 97ST.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **BOARD MEMBER** ☐ Delete
NAME **AMY SIMONSON**
STREET ADDRESS **1101 NE 9th AVE.**
CITY-ST-ZIP **BISCAYNE PARK, FL 33161**

TITLE ☐ Delete
NAME **ELENA NUÑEZ**
STREET ADDRESS **821 NE 109 ST**
CITY-ST-ZIP **BISCAYNE PARK, FL 33161**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Robbie J. Drake

KEN DRAKE