

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009764

FILED
Apr 28, 2009
Secretary of State

Entity Name: MIAMI-DADE FAMILY LEARNING PARTNERSHIP, INC.

Current Principal Place of Business:

10800 BISCAYNE BLVD.
500
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

10800 BISCAYNE BLVD
500
MIAMI, FL 33161

New Mailing Address:

FEI Number: 14-1916606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIR STE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HABER, DAVID B ESQ.
SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVENUE
MIAMI, FL 33131 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: DAVID B. HABER, ESQ. 04/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLAIR, LISA
Address: 10800 BISCAYNE BLVD SUITE 500
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: BLAIR, JERROLD
Address: 300 S POINTE DR APT 3103
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: VENZER, ELLEN S JUDGE
Address: 6850 S W 115TH ST
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: HOOD, CHARLES
Address: 11900 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

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:

I hereby certify that the information supplied with this filing does not qualify 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: LISA M. BLAIR, PRESIDENT MS. 04/28/2009
Electronic Signature of Signing Officer or Director Date