

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004643

FILED
Sep 04, 2008
Secretary of State

Entity Name: SOLID FOUNDATION LEARNING CENTER, INC.

Current Principal Place of Business:

13485 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13485 ALEXANDRIA DRIVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 30-0314198 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SILAS, LILA DR.
11810 NW 24 AVENUE
MIAMI, FL 33167 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILAS, LILA DR.
Address: 11810 NW 24TH AVENUE
City-St-Zip: MIAMI, FL 33167

Title: VP () Delete
Name: MITCHELL, TRAYVON
Address: 18712 NW 22 AVENUE
City-St-Zip: MIAMI, FL 33056

Title: SEC () Delete
Name: ROGERS, AVIS
Address: 2398 NW 119 STREET
City-St-Zip: MIAMI, FL 33167

Title: () Delete
Name:
Address:
City-St-Zip:

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: T () Change (X) Addition
Name: SPANN, MARGARET
Address: 13400 ALEXANDRIA DRIVE
City-St-Zip: OPA LOCKA, FL 33054

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: LILA SILAS

P

09/04/2008

Electronic Signature of Signing Officer or Director

Date