

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007060

FILED
Sep 11, 2008
Secretary of State

Entity Name: MARY SEACOLE VOCATIONAL INC

Current Principal Place of Business:

6008 WILEY STREET
HOLLYWOOD, FL 33023

New Principal Place of Business:

4321 ROCK ISLAND ROAD
LAUDERHILL, FL 33319

Current Mailing Address:

6008 WILEY STREET
HOLLYWOOD, FL 33023

New Mailing Address:

4321 ROCK ISLAND ROAD
LAUDERHILL, FL 33319

FEI Number: 65-0531362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

DAWES, AZRA
675 SW 66 AVENUE
MARGATE
FL, FL 33068 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: DAWES, AZRA R
Address: 675 SW 66 AVENUE
City-St-Zip: MARGATE, FL 33068

Title: VP () Delete
Name: DAWES, DERRICK A
Address: 6808 SW 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AZRA DAWES

P

09/11/2008

Electronic Signature of Signing Officer or Director

Date