

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008132

FILED  
May 17, 2009  
Secretary of State

**Entity Name:** GROWING MINDS TEACHING CENTER, INC.

**Current Principal Place of Business:**

20715 NW 2 AVE  
MIAMI, FL 33169

**New Principal Place of Business:**

3826 NW 202 STREET  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

19440 NORTHWEST 32ND AVENUE  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

2261 NORTHWEST 170 STREET  
MIAMI GARDENS, FL 33056

**FEI Number:** 20-4132798      **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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: PSTD ( ) Delete  
Name: DOUSE, DREWCILLA A  
Address: 20715 NW 2 AVE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: LONG, CHRISTINE  
Address: 20715 NW 2 AVE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: RAINES, JUNE  
Address: 20715 NW 2 AVE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: DOUSE, DREWCILLA A  
Address: 2261 NW 170 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D (X) Change ( ) Addition  
Name: LONG, CHRISTINE  
Address: 18840 NW 11 CT  
City-St-Zip: MIAMI, FL 33169

Title: D (X) Change ( ) Addition  
Name: RAINES, JUNE  
Address: 1775 NW 81 STREET  
City-St-Zip: MIAMI, FL 33169

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: DREWCILLA A. DOUSE

PRS.

05/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date