

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009321

FILED
Jan 21, 2009
Secretary of State

Entity Name: FLORIDA INTERCULTURAL ACADEMY-MIDDLE, INC.

Current Principal Place of Business:

1704 BUCHANAN ST.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1704 BUCHANAN ST.
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-5997290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURCELL, GWENDOLYN
1704 BUCHANAN ST.
HOLLYWOOD, FL 33020 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: D () Delete
Name: PURCELL, GWENDOLYN
Address: 1704 BUCHANAN ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: WEAVER, ELIZABETH
Address: 13003 SW 21 ST.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: DUPREE, ANGELA
Address: 16358 MARIPOSA CIR. SOUTH
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: D () Delete
Name: HARRIS, KIMBERLY
Address: 3411 WATER OAK DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change () Addition
Name: BENT, MARGARET
Address: 1704 BUCHANAN ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: MRS (X) Change () Addition
Name: WEAVER, ELIZABETH
Address: 13003 SW 21 ST.
City-St-Zip: MIRAMAR, FL 33027

Title: MRS (X) Change () Addition
Name: DUPREE, ANGELA
Address: 16358 MARIPOSA CIR. SOUTH
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: MRS (X) Change () Addition
Name: ORTIZ, IRAIDA
Address: 801 N. 68TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33024

Title: MRS () Change (X) Addition
Name: RAMSEUR, ALICA
Address: 1951 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: BETSY MENDIA

MRS.

01/21/2009

Electronic Signature of Signing Officer or Director

Date