2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06170

Entity Name: MIAMI BEACH ASSOCIATION FOR THE GIFTED, INC.

Current Principal Place of Business:

4100 PRAIRE AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4100 PRAIRE AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-2490580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KURK, LEIGH
4100 PRAIRE AVENUE
MIAMI BEACH, FL 33140 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:	PD	( ) Delete
Name:	NATTOU, CLAIRE	
Address:	4100 PRAIRE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VD	( ) Delete
Name:	GOODMAN, DEBBIE	
Address:	4100 PRAIRE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VPD	( ) Delete
Name:	GONZALEZ, LESLIE	
Address:	4100 PRAIRE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VD	( ) Delete
Name:	LOUDEN, ANA	
Address:	4100 PRAIRE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	TD	( ) Delete
Name:	HERNANDEZ, LEONOR	
Address:	4100 PRAIRE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	S	( ) Delete
Name:	KEFSKY, LISA	
Address:	4100 PRAIRE AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33140	

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:	
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: LEONOR HERNANDEZ T 04/30/2009

Electronic Signature of Signing Officer or Director — Date