


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # N07000001425 | |  |
| 1. Entity Name MOUNT HERMON COMMUNITY EDUCATION CORPORATION | | |

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| Principal Place of Business 15620 WEST BUNCHE PARK DRIVE MIAMI GARDENS, FL 33054 | Mailing Address 15620 WEST BUNCHE PARK DRIVE MIAMI GARDENS, FL 33054 |
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| 2. Principal Place of Business - No P.O. Box # 17800 NW 25th Avenue | 3. Mailing Address 17800 NW 25th Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Miami Gardens, FL | City & State Miami Gardens, FL |
| Zip 33056 | Country U.S.A. |
| Zip 33056 | Country U.S.A. |



04292008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 20-8447353 | Applied For Not Applicable |
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| 5. Certificate of Status Desired XX | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LEWIS, STANLEY B 20295 NW 2ND AVE SUITE 211 MIAMI GARDENS, FL 33169 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/C/D Rev. Dr. John F. White, Sr. 401 NW 7th Terrace Fort Lauderdale, FL 33311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000133267560 07/22/08--01011--001 **70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Bland, Leon 17475 NW 27th Avenue Miami Gardens, FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Jones, Luverne K. 6700 Royal Melbourne Drive Miami Lakes, FL 33015 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Rev. Dr. Henry E. Green, Jr. 17800 NW 25th Avenue Miami Gardens, FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dr. Mildred Berry 15800 NW 42nd Avenue Miami Gardens, FL 33054 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Stillson, David 517 SW 1st Avenue Fort Lauderdale, FL 33301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition B 7/15/08 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, or other like empowered.

SIGNATURE: Luverne K. Jones Luverne K. Jones 6/30/08 305-621-5067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #