

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001425

FILED
Jun 23, 2009
Secretary of State

Entity Name: MOUNT HERMON COMMUNITY EDUCATION CORPORATION

Current Principal Place of Business:

17800 NW 25TH AVENUE
MIAMI GARDENS, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

17800 NW 25TH AVENUE
MIAMI GARDENS, FL 33056 US

New Mailing Address:

FEI Number: 20-8447353 **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:

LEWIS, STANLEY B
20295 NW 2ND AVE SUITE 211
MIAMI GARDENS, FL 33169 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: PCD () Delete
Name: WHITE, JOHN F SR
Address: 401 NW 7TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VD () Delete
Name: BLAND, LEON
Address: 17475 NW 27TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SD () Delete
Name: JONES, LUYERNE K
Address: 6700 ROYAL MELBOURNE DRIVE
City-St-Zip: MIAMI LAKES, FL 33015

Title: TD () Delete
Name: GREEN, HENRY E JR
Address: 17800 NW 25TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: BERRY, MILDRED DR
Address: 15800 NW 42ND AVENUE
City-St-Zip: MIAMI GARDENS, FL 33054

Title: D () Delete
Name: STILLSON, DAVID
Address: 517 SW 1ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: WHITE, JOHN F II
Address: 17800 NW 25TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DV (X) Change () Addition
Name: BLAND, LEON
Address: 17475 NW 27TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAMPBELL, RALPH
Address: 545 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: JOHN F. WHITE II

DT

06/23/2009

Electronic Signature of Signing Officer or Director

Date