

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002627

FILED
Feb 27, 2009
Secretary of State

Entity Name: MEAGANS ACADEMIC CENTER, INC.

Current Principal Place of Business:

21300 SAN SIMEON WAY UNIT Q-2
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

21300 SAN SIMEON WAY UNIT Q-2
MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-8657204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, BRENDA
21300 SAN SIMEON WAY UNIT Q-2
MIAMI, FL 33179 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: DP () Delete
Name: JOSEPH, BRENDA
Address: 21300 SAN SIMEON WAY UNIT Q-2
City-St-Zip: MIAMI, FL 33179

Title: DS () Delete
Name: COYETTE, EVA
Address: 21300 SAN SIMEON WAY UNIT Q-2
City-St-Zip: MIAMI, FL 33179

Title: DVP () Delete
Name: JUSTE, GEORGE
Address: 21300 SAN SIMEON WAY UNIT Q-2
City-St-Zip: MIAMI, FL 33179

Title: DT () Delete
Name: FUNEUS, THABITHA
Address: 21300 SAN SIMEON WAY UNIT Q-2
City-St-Zip: MIAMI, FL 33179

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:

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: GEORGE JUSTE

DVP

02/27/2009

Electronic Signature of Signing Officer or Director

Date