## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002923

FILED Apr 30, 2009 Secretary of State

Entity Name: CHRISTIAN PREPARATORY ACADEMY OF SOUTH DADE, INC.

Current Principal Place of Business: New Principal Place of Business:

300 NE 15TH STREET HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

1815 NE 8TH STREET #111 815 N. HOMESTEAD BLVD #111 #415 HOMESTEAD, FL 33033 HOMESTEAD, FL 33030

FEI Number: 33-1160976 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 QUICK, KATHY L
 QUICK, KATHY L

 18800 SW 218TH STREET
 34982 S.W. 188 WAY

 MIAMI, FL 33170 US
 LOT #504

FLORIDA CITY, FL 33034 US

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: 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 QUICK, KATHY L
 Name:
 QUICK, KATHY L

 Address:
 18800 SW 218TH STREET
 Address:
 34982 S.W. 188 WAY, LOT #504

 City-St-Zip:
 MIAMI, FL 33170
 City-St-Zip:
 FLORIDA CITY, FL 33034

Title: DST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 UTT, CANDACÉ
 Name:

 Address:
 14830 LINCOLN DRIVE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33033
 City-St-Zip:

Title: DV () Delete Title: () Change () Addition

 Name:
 ZIMMERMAN, DEBBIE
 Name:

 Address:
 311 NW 19 ST
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030
 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: KATHY L. QUICK DP 04/30/2009