

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011169

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FAMILY DEVELOPMENT ACADEMY INC.

**Current Principal Place of Business:**

3764 W. 12 AVE.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3764 W. 12 AVE.  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 75-3260907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAWFORD, ANTONIO  
7921 NW 167 TERRACE  
MIAMI LAKES, FL 33016 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: D ( ) Delete  
Name: ORTEGA, ANGELA  
Address: 178 NW 87 CT  
City-St-Zip: MIAMI, FL 33018

Title: O ( ) Delete  
Name: MESA, BLANCA L.  
Address: 8769 NW 169 TERRACE  
City-St-Zip: MIAMI LAKES, FL

Title: O ( ) Delete  
Name: MARY, LUZ  
Address: 17041 NW 89 AVVE.  
City-St-Zip: MIAMI, FL 33018

Title: O ( ) Delete  
Name: CRAWFORD, ANTONIO  
Address: 7921 NW 167 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

**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: ORTEGA ANGELA

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date