2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N07000011520

Entity Name: A.W. MCCORMICK CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

1876 NW 107TH STREET
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26561
TAMARAC, FL 33320

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCORMICK, ALTHEA W
6870 N. W. 47TH PLACE
LAUDERHILL, FL 33319 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:	MCCORMICK, ALTHEA W DIRECTO	
Address:	6870 NW 47TH PLACE	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	CHAI	( ) Delete
Name:	BURSE, CARLTON CHRM	
Address:	7460 NW 9TH STREET	
City-St-Zip:	PLANTATION, FL 33317	
Title:	SECR	( ) Delete
Name:	HULSE, ROSE	
Address:	20305 NW 28TH COURT	
City-St-Zip:	MIAMI GARDENS, FL 33056	
Title:	ASST	( ) Delete
Name:	MCCORMICK, KAWANITA	
Address:	6870 N. W. 47TH PLACE	
City-St-Zip:	LAUDERHILL, FL 33319	

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: ALTHEA W. MCCORMICK DIRE 04/23/2009

Electronic Signature of Signing Officer or Director — Date