

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004481

FILED
Apr 16, 2009
Secretary of State

Entity Name: MOUNT HERMON EDUCATIONAL CORPORATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

401 NW 7TH TERRACE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

404 NW 7TH TERRACE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

POST OFFICE BOX 14093
FT. LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 26-2528854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOUIE, MICHAEL K
401 NW 7TH TERRACE
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

BOUIE, MICHAEL K
404 NW 7TH TERRACE
FORT LAUDERDALE, FL 33311 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: _____

Electronic Signature of Registered Agent

04/16/2009

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ROBINSON, SYLVESTER
Address: 2581 FRANKLIN PARK DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DS () Delete
Name: LEWIS, SYLVIA
Address: 3337 NW 22ND CT
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: DT () Delete
Name: CLARK, MICHAEL
Address: 7435 NW 44TH ST
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: WHITE, JOHN F
Address: 3085 SW 189TH AVE
City-St-Zip: MIRAMAR, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: BOUIE, MICHAEL K REV
Address: P.O. BOX 824842
City-St-Zip: PEMBROKE PINES, FL 33082 48

Title: D () Change (X) Addition
Name: TEQUISHA, MYLES ESQ
Address: 423 FERN STREET, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

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: MICHAEL K. BOUIE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date