## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N08000004481

L FILED
Aug 14, 2009
Secretary of State

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

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

404 NW 7TH TERRACE FORT LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 14093 FT. LAUDERDALE, FL 33302

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

Name and Address of Current Registered Agent: 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:

Flackway is Competing of Devictors of Appet

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ROBINSON, SYLVESTER
 Name:
 ALLEN, GLORIA

 Address:
 2581 FRANKLIN PARK DRIVE
 Address:
 4421 NW 13TH ST

 City-St-Zip:
 FORT LAUDERDALE, FL 33311
 City-St-Zip:
 LAUDERHILL, FL 33313

Title: DS () Delete Title: (X) Change ( ) Addition LEWIS, SYLVIA Name: ROBINSON, SYLVESTER Name: Address: 3337 NW 22ND CT Address: 2581 FRANKLIN PARK DRIVE City-St-Zip: LAUDERDALE LAKES, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311

 Title:
 DT () Delete
 Title:
 DS (X) Change () Addition

 Name:
 CLARK, MICHAEL
 Name:
 LEWIS, SYLVIA

 Address:
 7435 NW 44TH ST
 Address:
 3337 NW 22ND CT

City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D ( ) Delete Title: DT (X) Change ( ) Addition Name: BOUIE, MICHAEL K REV Name: CLARK, MICHAEL

Address: P.O. BOX 824842 Address: 7435 NW 44TH ST

City-St-Zip: PEMBROKE PINES, FL 33082 48 City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete Title: () Change () Addition

 Name:
 TEQUISHA, MYLES ESQ
 Name:

 Address:
 423 FERN STREET, SUITE 200
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 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: GLORIA ALLEN C 08/14/2009