

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011150

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: TRANSITION ACADEMY, INC.

**Current Principal Place of Business:**

230 N.W. 124 STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

230 N.W. 124 STREET  
MIAMI, FL 33168

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MORRIS, GALE R  
230 N.W. 124 STREET  
MIAMI, FL 33168 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

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: MORRIS, GALE R  
Address: 230 N.W. 124 STREET  
City-St-Zip: MIAMI, FL 33168

Title: T ( ) Delete  
Name: BLOCKER, DONALD  
Address: 3040 NW 69TH TERRACE  
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete  
Name: CUMBERLAND, MONICA  
Address: 17300 NW 36 AVENUE  
City-St-Zip: MIAMI, FL 33056

**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:

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: GALE R. MORRIS

MS.

06/29/2009

Electronic Signature of Signing Officer or Director

Date