

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N10760

1. Entity Name
THE INDEPENDENT PRE-SCHOOL ORGANIZATION, INC.



FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 014 ****70.00

Principal Place of Business
2152 NW 64TH STREET
MIAMI, FL 33127

Mailing Address
2152 NW 64TH STREET
MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #

8129 NW 12ct

3. Mailing Address

8129 NW 12ct

Suite, Apt. #, etc.

Miami, Florida

Suite, Apt. #, etc.

Miami, Florida

City & State

City & State

03212007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0120529

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip
33147

Country
Dade

Zip
33147

Country
Dade

6. Name and Address of Current Registered Agent

ALEXANDER, BERTHA M
2152 NW 64TH STREET
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name

Nicole Sparks

Street Address (P.O. Box Number is Not Acceptable)

8129 NW 12ct

Miami, Florida 33147

City

FL

Zip Code

33147

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nicole Sparks (Sec)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUTHERFORD, TERRY T
STREET ADDRESS 2155 NW 65 STREET
CITY-ST-ZIP MIAMI, FL 33147 ☐ Delete

TITLE VP
NAME GRAY, CLAUDIA
STREET ADDRESS 3400 NW 10TH AVE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE S
NAME SPARKS, NICOLE
STREET ADDRESS 2841 N.W. 184TH ST.
CITY-ST-ZIP MIAMI, FL 33056 ☐ Delete

TITLE TD
NAME SPARKS, SHIRLEY
STREET ADDRESS 2841 NW 184TH STREET
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE D
NAME ALEXANDER, BERTHA
STREET ADDRESS 2387 NW 99TH TERR
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Sparks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07 305-696-9590

Date

Daytime Phone #