


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N10760 1. Entity Name THE INDEPENDENT PRE-SCHOOL ORGANIZATION, INC.	
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Principal Place of Business 8129 NW 12 CT MIAMI, FL 33147	Mailing Address 8129 NW 12 CT MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0120529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPARKS, NICOLE 8129 NW 12 CT MIAMI, FL 33147

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTHERFORD, TERRY T 2155 NW 65 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, CLAUDIA 3400 NW 10TH AVE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPARKS, NICOLE 2841 N.W. 184TH ST. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPARKS, SHIRLEY 2841 NW 184TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, BERTHA 2387 NW 99TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/07/08-80059-007 70.00

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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 - Shirley SPARKS **4/15/08** **305-696-9590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #