2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N10760

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

Current Principal Place of Business:

8129 NW 12 CT
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

8129 NW 12 CT
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0120529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPARKS, NICOLE
8129 NW 12 CT
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: RUTHERFORD, TERRY T
Address: 2155 NW 65 STREET
City-St-Zip: MIAMI, FL 33147

Title: VP ( ) Delete
Name: GRAY, CLAUDIA
Address: 3400 NW 10TH AVE
City-St-Zip: MIAMI, FL 33127

Title: S ( ) Delete
Name: SPARKS, NICOLE
Address: 2841 N.W. 184TH ST.
City-St-Zip: MIAMI, FL 33056

Title: TD ( ) Delete
Name: SPARKS, SHIRLEY
Address: 2841 NW 184TH STREET
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: ALEXANDER, BERTHA
Address: 2387 NW 99TH TERR
City-St-Zip: MIAMI, FL

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: ( ) 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: SHIRLEY SPARKS TD 04/24/2009

Electronic Signature of Signing Officer or Director — Date