

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N96000006419

1. Entity Name
SPNA EDUCATIONAL DEVELOPMENT CENTER, INC.



Principal Place of Business
**8129 NW 12TH COURT
MIAMI, FL 33147**

Mailing Address
**8129 NW 12TH COURT
MIAMI, FL 33147**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACK, J D
9820 NW 7TH AVENUE
MIAMI, FL 33150**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000701724
04/20/07-80066-015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPARKS, SHIRLEY 2841 N.W. 184TH STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, CAROL 8030 N.W. 8TH AVENUE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, GLORIA 1045 N.W. 110TH ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASLEM, CHARLOTTE 631 N.W. 77TH STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

1-24-07 305 696-9590
Date Daytime Phone #