

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 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



01262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0841940

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

(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. ☐

**\$5.00 May Be  
Added to Fees**

000000311911  
05/07/08-80059-008 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME PD  
STREET ADDRESS SPARKS, SHIRLEY  
CITY-ST-ZIP 2841 N.W. 184TH STREET  
MIAMI, FL 33056

TITLE  
NAME VD  
STREET ADDRESS BROWN, CAROL  
CITY-ST-ZIP 8030 N.W. 8TH AVENUE  
MIAMI, FL 33150

TITLE  
NAME T  
STREET ADDRESS POWELL, GLORIA  
CITY-ST-ZIP 1045 N.W. 110TH ST.  
MIAMI, FL 33150

TITLE  
NAME S  
STREET ADDRESS HASLEM, CHARLOTTE  
CITY-ST-ZIP 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 Shirley Sparks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

305-696-9590

Daytime Phone #