

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006419

FILED
Apr 24, 2009
Secretary of State

Entity Name: SPNA EDUCATIONAL DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

8129 NW 12TH COURT
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

8129 NW 12TH COURT
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0841940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACK, J D
9820 NW 7TH AVENUE
MIAMI, FL 33150 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: SPARKS, SHIRLEY
Address: 2841 N.W. 184TH STREET
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: BROWN, CAROL
Address: 8030 N.W. 8TH AVENUE
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: POWELL, GLORIA
Address: 1045 N.W. 110TH ST.
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: HASLEM, CHARLOTTE
Address: 631 N.W. 77TH STREET
City-St-Zip: MIAMI, FL 33169

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: S (X) Change () Addition
Name: TURNER, CHANISE
Address: 2141 N. W. 63 STREET
City-St-Zip: MIAMI, FL 33147

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

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date