

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722900

Entity Name: NORTH DADE COMMUNITY CHURCH/SUNSHINE
DAYCARE/SUNSHINE LEARNING CENTER, INC.**FILED**
May 01, 2013
Secretary of State
CC6691929987**Current Principal Place of Business:**700 N.W. 175 ST.
MIAMI, FL 33169**Current Mailing Address:**700 N.W. 175 ST.
MIAMI, FL 33169**FEI Number: 59-1457487****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FAIRWEATHER, NEWTON
700 N.W. 175 ST.
MIAMI, FL 33169 US*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**Officer/Director Detail :**

Title	PD
Name	FAIRWEATHER, NEWTON
Address	700 NW 175 ST.
City-State-Zip:	MIAMI GARDEN FL 33056

Title	VD
Name	KNIGHT, VALWIN
Address	700 NW 175 ST
City-State-Zip:	MIAMI FL 33169

Title	D
Name	KNIGHT, JULETT
Address	7321 DILIDO BLVD
City-State-Zip:	MIRAMAR FL 33023

Title	D
Name	SMITH, EDDIE
Address	1450 NW 197 ST
City-State-Zip:	MIAMI GARDENS FL 33169

Title	SD
Name	RHULE-LEVY, SHERLEY
Address	700 NW 175 ST.
City-State-Zip:	MIAMI GARDENS FL 33169

Title	D
Name	THOMAS, MORINE
Address	700 NW 175 ST
City-State-Zip:	MIAMI GARDENS FL 33169

I hereby 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 all other like empowered.

SIGNATURE: NEWTON FAIRWEATHER**PRESIDENT****05/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date