

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03656

**Entity Name:** NORTH DADE REGIONAL ACADEMY, INC.**Current Principal Place of Business:**1822 NW 183 ST  
MIAMI GARDENS, FL 33056**Current Mailing Address:**1822 NW 183 ST  
MIAMI, FL 33056 US**FEI Number:** 59-2368471**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KEMP, NATALIE  
17800 NW 17 AVE  
MIAMI GARDENS, FL 33056 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            COO / PRESIDENT  
Name            KEMP, NATALIE M  
Address        17800 NW 17 AVE  
City-State-Zip: MIAMI FL 33056

Title            OFFICER  
Name            BRIDE, JASON A  
Address        214 45TH ROAD  
City-State-Zip: BAYSIDE NY 11359

Title            OFFICER  
Name            KEMP, DAVANE  
Address        8354 ROSWELL ROAD  
                  APT. C  
City-State-Zip: SANDY SPRINGS GA 30350

Title            SECRETARY  
Name            JOHNSON, JOCELYN  
Address        19555 NW 32 CT  
City-State-Zip: MIAMI GARDENS FL 33056

Title            OFFICER  
Name            FORD, TONIQUE  
Address        2051 NW 207TH ST  
                  APT. #108  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** NATALIE KEMP

COO/PRESIDENT

04/12/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date