


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90039 022 ****61.25

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1. Entity Name
ENID MINISTRY SCHOOL OF NURSING AND TECHNICAL TRAINING, INC



Principal Place of Business Mailing Address

5460 N. ST. RD. 7 5460 N. ST. RD. 7
 FORT LAUDERDALE, FL 33319 FORT LAUDERDALE, FL 33319

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01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1128425 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRIQUES, ENIO
 5460 N. ST. RD. 7
 FORT LAUDERDALE, FL 33319

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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 of **School of Health Occupations, Inc.**

SIGNATURE: *Enio Henriques* DATE: **1-06-05**

Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is **\$81.25** Due by **May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HENRIQUES, ENIO
STREET ADDRESS	3571 NW 2ND ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	TD
NAME	EDWARDS, MILLICENT
STREET ADDRESS	3571 NW 2ND ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	SD
NAME	REID, WAYNE
STREET ADDRESS	3571 NW 2ND ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	D
NAME	SIMON, AUDLEY
STREET ADDRESS	942 S.W. 70TH
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Enio Henriques* DATE: **1-06-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #