## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all-other like empowered.

## Feb 04, 2004 8:00 am **Secretary of State DOCUMENT # N34390** 1. Entity Name 02-04-2004 90049 011 \*\*\*\*61.25 PINE CREST PREPARATORY SCHOOL, INC. Principal Place of Business Mailing Address 1501 N.E. 62ND ST. FT. LAUDERDALE FL 33334 34003130 1501 N.E. 62ND ST. FT. LAUDERDALE FL: 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-0861374 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COWGILL, LOURDES M Street Address (P.O. Box Number is Not Acceptable) 1501 N.E. 62ND ST. FT. LAUDERDALE FL 33334 Zip Code 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CD CD ☐ Change **K** KAddition Delete TITLE TITLE BLOSSER, JAMES NAME NAME Scott McQueen 1761 SE 9TH STREET STREET ADDRESS STREET ADDRESS 431 Coconut Palm Road FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33432 VCD ☐ Change X XAddition **K** NDelete TITLE TITLE MCQUEEN, SCOTT NAME NAME Dennis Smith 431 COCONUT PALM RD STREET ADDRESS STREET ADDRESS 110 SE 6th Street **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL ☐ Change Addition □ Delete TITLE COWGILLT LOURDES'M' NAME NAME 1501 NE 62 ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

Lourdes M. Cowgill

1/28/04

FILED