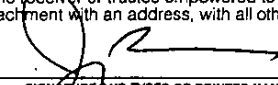


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 008 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                                   |                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N34390</b><br>1. Entity Name<br>PINE CREST PREPARATORY SCHOOL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                     |                                                                   |                                                                                                     |  |
| Principal Place of Business<br>1501 N.E. 62ND ST.<br>FT. LAUDERDALE, FL 33334                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                     | Mailing Address<br>1501 N.E. 62ND ST.<br>FT. LAUDERDALE, FL 33334 |                                                                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                         |                                                                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                     | City & State                                                      |                                                                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Country                                                                             |                                                                   | 4. FEI Number<br>59-0861374                                                                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | \$8.75 Additional Fee Required                                                      |                                                                   |                                                                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br>COWGILL, LOURDES M<br>1501 N.E. 62ND ST.<br>FT. LAUDERDALE, FL 33334                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                     |                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                    |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                     |                                                                   |                                                                                                                                                                                      |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                   | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                               |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                     |                                                                   |                                                                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>      |                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD<br>MCQUEEN, SCOTT<br>431 COCONUT PALM ROAD<br>BOCA RATON, FL 33432  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Delete<br><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Please see attached list<br>for changes and additions. |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VCD<br>SMITH, DENNIS<br>110 SE 6TH STREET<br>FORT LAUDERDALE, FL 33301 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>COWGILL, LOURDES M<br>1501 NE 62 ST<br>FORT LAUDERDALE, FL 33334  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                        |                                                                                     |                                                                   |                                                                                                                                                                                      |  |
| <b>SIGNATURE:</b>  <b>James T. Cowgill, Jr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                     |                                                                   |                                                                                                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                     |                                                                   |                                                                                                                                                                                      |  |
| Date: 1/25/06 Daytime Phone #: 954-492-4406                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                     |                                                                   |                                                                                                                                                                                      |  |

# ATTACHMENT

20004023

## Pine Crest Preparatory School #N34390 Officers 2005-2006

|                                                       |                                                                        |
|-------------------------------------------------------|------------------------------------------------------------------------|
| Chairman                                              | Mr. Dennis Smith<br>110 SE 6 St., Fort Lauderdale, FL 33301            |
| Vice-Chairman                                         | Mr. Mark Gilbert<br>2340 NW 45 St., Boca Raton, FL 33431               |
| President                                             | Dr. Lourdes Cowgill<br>1501 NE 62 St., Fort Lauderdale, FL 33334       |
| Treasurer and CFO                                     | Mr. Robert Pickup<br>1300 SW 21 Lane, Boca Raton, FL 33486             |
| Assistant Treasurer and<br>Vice President for Finance | Mr. James Cowgill, Jr.<br>1816 Admirals Way, Fort Lauderdale, FL 33316 |
| Vice-President                                        | Mrs. Janet Wiard<br>1630 SW 155 Ave., Davie, FL 33326                  |
| Vice-President                                        | Mr. Larry Edwards<br>6511 NE 21 Way, Fort Lauderdale, FL 33308         |
| Vice-President                                        | Mr. Robert Goldberg<br>1511 NE 63 St., Fort Lauderdale, FL 33334       |
| Assistant Vice-President                              | Mrs. Joyce Robinson<br>481 NE 10 St., Boca Raton, FL 33432             |
| Assistant Vice-President                              | Mrs. Kim Strobis<br>23355 Water Circle, Boca Raton, FL 33486           |
| Corporate Secretary                                   | Mrs. Silvia Navas<br>3839 NW 62 Ct., Coconut Creek, FL 33073           |

## Trustees 05-06

|                            |                                                   |
|----------------------------|---------------------------------------------------|
| Walter Banks '61           | 1567 Ponce de Leon Dr., Fort Lauderdale, FL 33316 |
| Malcolm Black              | 49 Cayuga Road, Sea Ranch Lakes, FL 33308         |
| George Caldwell, Jr. (Dr.) | 789 S. Federal Hwy., Fort Lauderdale, FL 33316    |
| Richard Chestnov           | 17142 Whitehaven Dr., Boca Raton, FL 33496        |
| Lourdes Cowgill (Dr.)      | 1501 NE 62 St., Fort Lauderdale, FL 33334         |
| Lynn Drucker (Dr.)         | 845 S. Southlake Dr., Hollywood, FL 33019         |
| Jacqueline Egan            | 403 Tarpon Terr., Fort Lauderdale, FL 33301       |
| Jean Findeiss              | 2824 NE 27 St., Fort Lauderdale, FL 33306         |
| Mark Gilbert, Vice-Chair   | 2340 NW 45 St., Boca Raton, FL 33431              |
| Pauline Grant              | 3064 Carysfort Lane, Margate, FL 33063            |
| Gumberg, Andrew            | 3200 N. Federal Hwy., Fort Lauderdale, FL 33306   |
| James Hilmer               | 621 Idlewyld Dr., Fort Lauderdale, FL 33301       |
| Scott McQueen              | 431 Coconut Palm Rd., Boca Raton, FL 33432        |
| Caryl Mendelsohn           | 3101 N. 47 Ave., Hollywood, FL 33021              |
| Max Osceola                | 6300 Stirling Road, Hollywood, FL 33024           |
| Jeff Roschman              | 2511 Del Lago Dr., Fort Lauderdale, FL 33316      |
| Sheri Sack                 | 17273 Whitehaven Dr., Boca Raton, FL 33496        |
| Karen Schlesinger          | 4451 N. Mangrum Ct., Hollywood, FL 33021          |

# ATTACHMENT

20004023

# N34390

Dennis Smith, Chair

Marion Stotzer

Kathryn Stover

Brian Swette

Judith Weiss

Jordan Zimmerman

110 SE 6 St., Fort Lauderdale, FL 33301

6529 NW 39 Terr., Boca Raton, FL 33433

1240 Thatch Palm Dr., Boca Raton, FL 33432

1135 Hillsboro Mile, Hillsboro Beach, FL 33062

3530 N. 45 Ave., Hollywood, FL 33021

720 Pelican Pointe Cove, Boca Raton, FL 33431