

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002972 (8)

1. Corporation Name
CHRIST LUTHERAN CHURCH PRE-SCHOOL, INC.



Principal Place of Business: **1955 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306**
Mailing Address: **1955 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306**

3. Date Incorporated or Qualified: **07/22/1993**
3a. Date of Last Report: **10/05/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0461224	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**MEUTER, FREDERICK W III
1955 E OAKLAND PARK BLVD
CHRIST LUTHERAN CHURCH
FT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVRIES, JON	12 NAME	Gary Croucher
STREET ADDRESS	5201 NE 14 TERR #6	13 STREET ADDRESS	1658 NE 36 Street
CITY-ST-ZIP	FT LAUDERDALE FL 33334	14 CITY-ST-ZIP	Oakland Park Fl 33334
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERTUS, ARTHUR W	22 NAME	Cathy Buchta
STREET ADDRESS	1725 NE 58 ST	23 STREET ADDRESS	4680 NE 3 Terrace
CITY-ST-ZIP	FT LAUDERDALE FL 33334	24 CITY-ST-ZIP	Ft Lauderdale Fl 33334
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BJORGEN, NORMA	32 NAME	Down Duskin
STREET ADDRESS	3897 CARAMBOLA CIRCLE	33 STREET ADDRESS	6835 NW 24 Terrace
CITY-ST-ZIP	COCONUT CREEK FL 33066	34 CITY-ST-ZIP	Ft Lauderdale Fl 33309
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUGGAN, LINDA	42 NAME	Linda Grabowski
STREET ADDRESS	1656 NW 36 CT	43 STREET ADDRESS	2147 NE 62 Court
CITY-ST-ZIP	FT LAUDERDALE FL 33309	44 CITY-ST-ZIP	Ft Lauderdale Florida 33308
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCK, DENNIS	52 NAME	
STREET ADDRESS	4400 NE 15 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	54 CITY-ST-ZIP	
TITLE	Director	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Velverde	62 NAME	
STREET ADDRESS	3000 E Sunrise Blvd #15F	63 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale Fl 33305	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/7/96

Date

305 772-1680

Daytime Phone #

CR2E037 (12/95)