


2-5-98 N-1495 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Feb 05 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/22/1993		
4. FEI Number 65-0461224	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CROUCHER, GARY
 1955 E OAKLAND PARK BLVD
 CHRIST LUTHERAN CHURCH
 FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CROUCHER, GARY		1.2 NAME KATHY FUREY	
STREET ADDRESS 1658 NE 36 STREET		1.3 STREET ADDRESS 341 SE 5 ST.	
CITY-ST-ZIP OAKLAND PARK FL		1.4 CITY-ST-ZIP POMPANO BEACH, FL 33060	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHELEY, KATHIE		2.2 NAME RENATE PARISEK	
STREET ADDRESS 1610 NE 40TH COURT		2.3 STREET ADDRESS 1851 NE 34 COURT	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33306	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUCHTA, CATHY		3.2 NAME	
STREET ADDRESS 4680 NE 3 TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUINA, PATRICIA		4.2 NAME	
STREET ADDRESS 119 ROYAL PARK DR #4H		4.3 STREET ADDRESS	
CITY-ST-ZIP OAKLAND PARK FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRABOWSKI, LINDA		5.2 NAME	
STREET ADDRESS 2147 NE 62 COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____ DATE: **Jan 11/5/98 1998 561-8601**

CF2E037 (10/97)