

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90657 010 ****61.25

DOCUMENT # **N93000002972**
 1. Entity Name
Christ Lutheran Church Pre-School, Inc.

Principal Place of Business Mailing Address
1955 E. Oakland Park Blvd. 1955 E. Oakland Park Blvd.
Ft. Lauderdale, FL 33306 Ft. Lauderdale, FL
33306-1103

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-0461224** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Croucher, Gary~~
1955 E. Oakland Park Blvd.
Christ Lutheran Church
Ft. Lauderdale, FL 33306

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	Croucher, Gary	
STREET ADDRESS	1658 NE 36 St.	
CITY-ST-ZIP	Oakland Park, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Parisek, Renate	
STREET ADDRESS	1851 NE 34 Ct.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Buchta, Cathy	
STREET ADDRESS	4680 NE 3 Ter.	
CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Quina, Patricia	
STREET ADDRESS	119 Royal Park Dr. # 4H	
CITY-ST-ZIP	Oakland Park, FL	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Grabowski, Linda	
STREET ADDRESS	2147 NE 62 Ct.	
CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	Furey, Kathy	
STREET ADDRESS	2989 Myrtle Oak Cir.	
CITY-ST-ZIP	Davie, FL 33328	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Croucher 3/19/01 (954) 232-0469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)