


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90320 006 ****61.25

DOCUMENT # N93000002972					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUCHER, GARY			NAME	
STREET ADDRESS	1658 NE 36 STREET			STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHTA, CATHY			NAME	
STREET ADDRESS	4680 NE 3 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABOWSKI, LINDA			NAME	
STREET ADDRESS	2147 NE 62 COURT			STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, JENNIFER			NAME	
STREET ADDRESS	2805 E OAKLAND PARK BLVD #162			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	D Stephanie Tegreeny
STREET ADDRESS				STREET ADDRESS	909 SE 10 St.
CITY-ST-ZIP				CITY-ST-ZIP	Pompano Bch, FL 33060
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>Mary Croucher</u>		3/8/05		954 561-8601	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Days to show it</small>	