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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34390

1. Corporation Name

PINE CREST PREPARATORY SCHOOL, INC.

Principal Place of Business

1501 N.E. 62ND ST.
FT. LAUDERDALE FL 33334

Mailing Address

1501 N.E. 62ND ST.
FT. LAUDERDALE FL 33334



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/27/1989

4. FEI Number

59-0861374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

COWGILL, LOURDES M
1501 N.E. 62ND ST.
FT. LAUDERDALE FL 33334

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME **D**
SARBONE, DR PETER
STREET ADDRESS **5601 N DIXIE HWY #401**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ DELETE

NAME **VCD**
EGAN, JACQUELINE
STREET ADDRESS **1575 PONCE DELEON DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ DELETE

NAME **CD**
GRINDITCH, WILLIAM H. J
STREET ADDRESS **923 HILLSBORO MILE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☒ DELETE

NAME **VPT**
KONE, KENNETH
STREET ADDRESS **5571 NE 26 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D**
MCMILLAN, WILLIAM J
STREET ADDRESS **1501 NE 62 ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D**
KENNELLY, BARBARA
STREET ADDRESS **333 KEY PALM ROAD**
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME **VCD**
Susan P. Johnson
STREET ADDRESS **909 Poinciana Drive**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

NAME **T**

2 NAME **Francis Lang**

4.3 STREET ADDRESS **1501 NE 62nd Street**

4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Francis Lang

1/20/99

954 492-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)