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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 703009 (1)

1. Corporation Name

LUTHERAN SCHOOL ASSOCIATION OF BROWARD COUNTY, F
LORIDA, INC.

Principal Place of Business

110 SW 11TH ST.
FT LAUDERDALE FL 33315

Mailing Address

110 SW 11TH ST.
FT LAUDERDALE FL 33315-1227

3. Date Incorporated or Qualified
10/13/1961

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, CLIFF
2100 S. OCEAN DRIVE #7K
FT. LAUDERDALE FL 33316

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BACHAN, ERNEST
STREET ADDRESS 1748 N.W. 36 CT.
CITY-ST-ZIP FT LAUDERDALE FL 33309

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Sandra Sidorski
1.3 STREET ADDRESS 6011 Bayview Drive
1.4 CITY-ST-ZIP Ft. Laud. FL 33308

TITLE T ☒ DELETE
NAME HAGEMEI, HELEN
STREET ADDRESS 4788 N.E. 16TH AVE.
CITY-ST-ZIP OAKLAND PARK FL 33334

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Marcia Treber
2.3 STREET ADDRESS 3900 NE 21 St.
2.4 CITY-ST-ZIP Ft. Laud. FL 33338

TITLE D ☐ DELETE
NAME HOHENSTERN, JOANNE
STREET ADDRESS 1317 NE 16TH TERRACE
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KOPPEL, B.
STREET ADDRESS 2720 S.W. 13 CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33313

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME ABEL, DOROTHY
STREET ADDRESS 2615 N.E. 49TH ST. #105
CITY-ST-ZIP FT. LAUDERDALE FL 33334

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ABEL, LOUIS
STREET ADDRESS 730 N.E. 47 CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036351

CR2E037 (9/96)