

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

Mailing Address

**110 SW 11TH ST.
FT LAUDERDALE FL 33315**

**110 SW 11TH ST.
FT LAUDERDALE FL 33315**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/13/1961

4. FEI Number

59-0939369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIDORSKI, SANDRA	
STREET ADDRESS	6011 BAYVIEW DR	
CITY - ST - ZIP	FT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TREBER, MARCIA	
STREET ADDRESS	3900 NE 21ST ST	
CITY - ST - ZIP	FT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOHENSTERN, JOANNE	
STREET ADDRESS	1317 NE 16TH TERRACE	
CITY - ST - ZIP	FT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPPEL, B.	
STREET ADDRESS	2720 S.W. 13 CT.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33313	

TITLE	P	<input type="checkbox"/> DELETE
NAME	ABEL, DOROTHY	
STREET ADDRESS	2615 N.E. 49TH ST. #105	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ABEL, LOUIS	
STREET ADDRESS	730 N.E. 47 CT.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 any attachment with an address.

SIGNATURE:

Sandra Sidorski 4-20-98 954-463-7471

CR2E037 (10/97)