


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90113 016 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 703009</b>					
1. Corporation Name <b>LUTHERAN SCHOOL ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.</b>					
Principal Place of Business 110 SW 11TH ST. FT LAUDERDALE FL 33315			Mailing Address 110 SW 11TH ST. FT LAUDERDALE FL 33315		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1961	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0939369	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIDORSKI, SANDRA			1.2 NAME			
STREET ADDRESS	6011 BAYVIEW DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TREBER, MARCIA			2.2 NAME			
STREET ADDRESS	3900 NE 21ST ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOHENSTERN, JOANNE			3.2 NAME	Director		
STREET ADDRESS	1317 NE 16TH TERRACE			3.3 STREET ADDRESS	LaVon Metrovich		
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP	3020 Center Ave. Ft. Laud FL 33308		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KOPPEL, B.			4.2 NAME			
STREET ADDRESS	2720 S.W. 13 CT.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33313			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABEL, DOROTHY			5.2 NAME			
STREET ADDRESS	2615 N.E. 49TH ST. #105			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABEL, LOUIS			6.2 NAME			
STREET ADDRESS	730 N.E. 47 CT.			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			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:** Sandra Sidorski **SIGNATURE REQUIRED** 3-19-99 954-463-7471  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)