2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 24, 2005 08:00 AM Secretary of State

					Secre	tary of State
DOCU	MENT # 703009		30 11 31	<u>a.</u>	Secre	uny or state
1. Entity Nam	e .	OE DDOMADD	1			
LUTHERAN SCHOŌĹ ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.			3	Ī.		
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Principal Plac	e of Business	Mailing Address		1		
110 SW 11T		= 110 SW 11TH ST.		ł		
FT LAUDERD	ALE, FL 33315	FT LAUDERDALE, FL 33315				
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	O NOT WRITE	in i fiis spa	UE.	4. FEI Numb		Applied For
				59-093	39369	Not Applicable
				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
r i isislalak	6. Name and Address of Current Re	gistered Agent		*****1 :		
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BERRY, CLIFF 2100 S. OCEAN DRIVE #7K FT. LAUDERDALE, FL 33316				DO	NOT WRI	TE
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8. The above	named entity submits this statement for t	ne purpose of changing its register	red office or reg	istered agent, or bo	oth, in the State of Plorida.	I am familiar with, and accept
the obligat	ions of registered agent.	- · · · · ·				
SIGNATURE.						
	Signature, typed or printed name of registered agent and					
		tille if applicable. (NOTE: Register	ed Agent signature rec	quired when reinstating)	1	ATE
l D	Filing Fee is \$61.25	ulle if applicable. (NOTE: Register) 9. Election Campaign Fina	ncing	\$5.00 May Be	D	ATE
, –	Filing Fee is \$61.25 ue by September 7, 2005		ncing			ATE
10.		9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be	D	ATE
	ue by September 7, 2005	9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be		ATE
10. TITLE NAME	OFFICERS AND DI D SIDORSKI, SANDRA	9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be	D	ATE
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI D SIDORSKI, SANDRA 6011 BAYVIEW DR	9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be	D	ATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D SIDORSKI, SANDRA 6011 BAYVIEW DR FT LAUDERDALE, FL	9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be		
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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 of the receiver or trustee empewaged 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 already the property with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CONSTITUTE AND TYPED OF RUNTED NAME OF SIGNING OFFICER OR DIRECTOR

8:10

1-03-74 Daytime Phone #