2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703009

FILED Apr 24, 2006 Secretary of State

Entity Name: LUTHERAN SCHOOL ASSOCIATION OF BROWARD COUNTY, FLORIDA, INC.

Current Principal Place of Business:					New Principal Place of Business:			
110 SW 11TH ST. FT LAUDERDALE, FL 33315					11 SW 11TH ST. FT LAUDERDALE, FL 33315			
Current Mailing Address:					New Mailing Address:			
110 SW 11TH ST. FT LAUDERDALE, FL 33315					11 SW 11TH ST. FT LAUDERDALE, FL 33315			
FEI Number:	59-0939369	FEI Nur	nber Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Des	sired()
Name and	Address of	Current F	Registered Agent:		Name and	Address of	f New Registered Agen	t:
BERRY, CLIFF 2100 S. OCEAN DRIVE #7K FT. LAUDERDALE, FL 33316 US					BERRY, CLIFF 4411 E. COUNTRY CLUB DRIVE PLANTATION, FL 33317 US			
The above in the State		y submits t	his statement for the p	urpose o	f changing it	s registered	d office or registered age	nt, or both,
SIGNATURE:					04/24/2006			
	Electro	onic Signat	ture of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (SIDORSKI, S 6011 BAYVIE FT LAUDERD	W DR			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CHIZMAR, DE 110 SW 11TH FORT LAUDE	H STREET	33315		Title: Name: Address: City-St-Zip:	MCLEAN, DA 1301 SW 18		
Title: Name: Address: City-St-Zip:	P (ABEL, DORO 2615 N.E. 49 FT. LAUDERI	TH ST. #105	3334		Title: Name: Address: City-St-Zip:	VOGUS,, CH 3201 SW 19		
Title: Name: Address: City-St-Zip:	D (ABEL, LOUIS 730 N.E. 47 C FT. LAUDERI	CT.	334		Title: Name: Address: City-St-Zip:	BERRY, CLI 4411 E.COU	(X) Change ()Addition FF NTRY CLUB DRIVE DALE, FL 33317	
Title: Name: Address: City-St-Zip:	(() Delete			Title: Name: Address: City-St-Zip:	GULYAS, DA 1231 SW 19		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA SIDORSKI D 04/24/2006