

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 703009**

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



Principal Place of Business

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

Mailing Address

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



01222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0939369**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BERRY, CLIFF  
4411 E. COUNTRY CLUB DRIVE  
PLANTATION, FL 33317**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the duties of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**4-23-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIDORSKI, SANDRA
STREET ADDRESS	6011 BAYVIEW DR
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	MCLEAN, DAVID
STREET ADDRESS	1301 SW 18 ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	VOGUS,, CHRISTINE
STREET ADDRESS	3201 SW 19 ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	P
NAME	BERRY, CLIFF
STREET ADDRESS	4411 E.COUNTRY CLUB DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33317
TITLE	D
NAME	GULYAS, DAVID
STREET ADDRESS	1231 SW 19 AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000735138  
05/10/07-80022-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-23-07 954-463-7471**