

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703009

FILED  
May 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11 SW 11TH ST.  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

11 SW 11TH ST.  
FT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 59-0939369      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIDORSKI, SANDRA  
Address: 6011 BAYVIEW DR  
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete  
Name: MCLEAN, DAVID  
Address: 1301 SW 18 ST.  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: VOGUS,, CHRISTINE  
Address: 3201 SW 19 ST.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: P ( ) Delete  
Name: BERRY, CLIFF  
Address: 4411 E.COUNTRY CLUB DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHURCH, CANDACE  
Address: 11 SW 11 CT.  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BERRY, CLIFF  
Address: 4411 E.COUNTRY CLUB DRIVE  
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify 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

OFFI

05/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date