

FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723522

1. Corporation Name
WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE

Principal Place of Business
C/O MA CECERE, CPA
2200 N. FEDERAL HWY #214
BOCA RATON FL 33431
US

Mailing Address
C/O MA CECERE, CPA
2200 N. FEDERAL HWY #214
BOCA RATON FL 33431
US



2. Principal Place of Business
21 449 n.w. 35 Street
Suite, Apt. #, etc.
22 Boca Raton
City & State
23 Florida
Zip 33431 Country 25 USA

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip Country 29 30

3. Date Incorporated or Qualified
05/26/1972

4. FEI Number
59-1414748 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
MOREELL, PATRICIA
346 N W 42 ST
BOCA RATON, FL
33431

10. Name and Address of New Registered Agent
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 Patricia Moreell Patricia Moreell Sec., Director DATE 3-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREELL, PATRICIA	1.2 NAME	
STREET ADDRESS	346 N W 42 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAESTRALES, KAREN M.	2.2 NAME	
STREET ADDRESS	3135 KINGSWOOD TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PDD MD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIZER, JEAN	3.2 NAME	
STREET ADDRESS	4300 N. OCEAN BLVD. APT 3F	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	Cholerton, Clive TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1515 N. Federal H'way # 300	4.2 NAME	
STREET ADDRESS	Boca Raton, FL 33432-1994	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claire Diab	5.2 NAME	
STREET ADDRESS	8870 Cicero Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach FL 33437	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Patricia Moreell SIGNATURE REQUIRED Patricia Moreell 3-3-99 561-391-4278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)