

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731642 (5)

1. Corporation Name

ST. BERNADETTE HOME &amp; SCHOOL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7450 STERLING ROAD  
HOLLYWOOD FL 330247450 STERLING ROAD  
HOLLYWOOD FL 33024-15133. Date Incorporated or Qualified  
01/17/19753a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1292712

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDERWYDE LYNN S  
3324 BIMINI AVE  
COOPER CITY FL 33026

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 617.0504, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOKES, WYLIE	
STREET ADDRESS	3900 N.W. 79TH WAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, MARK	
STREET ADDRESS	10301 SW 18 ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MASON, LINDA	
STREET ADDRESS	2533 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PIGNATO, DAN	
STREET ADDRESS	6920 SW 56 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stokes Wylie	
1.3 STREET ADDRESS	7801 NW 40th St	
1.4 CITY-ST-ZIP	Hollywood, FL 33024	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pignato, Dan	
2.3 STREET ADDRESS	6920 SW 56 Ct	
2.4 CITY-ST-ZIP	DAVIE, FL 33314	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stokes Becky	
3.3 STREET ADDRESS	7801 NW 40th St	
3.4 CITY-ST-ZIP	Hollywood, FL 33024	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Solar, Gretchen	
4.3 STREET ADDRESS	10520 Buenos Aires	
4.4 CITY-ST-ZIP	Cooper City, FL 33026	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023754

3-17-97

CR2E037 (9/96)