


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90182 047 ****61.25

0024058

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731642					
1. Corporation Name ST. BERNADETTE HOME & SCHOOL ASSOCIATION, INC.					
Principal Place of Business 7450 STERLING ROAD HOLLYWOOD FL 33024			Mailing Address 7450 STERLING ROAD HOLLYWOOD FL 33024		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/17/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1292712	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

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			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE NAME AFFLERBACH, PAT STREET ADDRESS 4820 E ROUNDTABLE RD CITY-ST-ZIP DAVIE FL 33331				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE TDD <input checked="" type="checkbox"/> DELETE NAME COFFEY, EILEEN STREET ADDRESS 2920 ALBATROSS DR CITY-ST-ZIP COOPER CITY FL 33026				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME TREASURER 2.3 STREET ADDRESS GARCIA, WENDY 2.4 CITY-ST-ZIP 11805 SW 47 CT COOPER CITY FL 33330			
TITLE SD <input checked="" type="checkbox"/> DELETE NAME BUTLER, PAT STREET ADDRESS 10111 N.W. 32 COURT CITY-ST-ZIP SUNRISE FL 33351				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Sec. MAFFE, MARY KAY 3.3 STREET ADDRESS 13920 MUSTANG TRAIL 3.4 CITY-ST-ZIP Fort LAUDERDALE FL 33330			
TITLE VPD <input type="checkbox"/> DELETE NAME HICKS, SUZIE STREET ADDRESS 2584 LAKEVIEW CT CITY-ST-ZIP COOPER CITY FL 33026				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME CENSO, KATHY D STREET ADDRESS 5631 S.W. 196 AVE CITY-ST-ZIP FT LAUDERDALE FL 33322				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 2nd Vice President 5.3 STREET ADDRESS APRIL MUNOZ 5.4 CITY-ST-ZIP PO Box 577 Dania, FL 33004			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: **WENDY GARCIA** SIGNATURE REQUIRED **4/9/99 (954) 236-2000**

CR2E037 (1/98)