

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 731642 1. Entity Name ST. BERNADETTE HOME & SCHOOL ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 OCT 25 AM 8:00 REINSTATEMENT <i>04</i> 10222004 REIN-NP CR2E099 (6/04) <i>MRS</i>	
Principal Place of Business 7450 STERLING ROAD HOLLYWOOD, FL 33024				Mailing Address 7450 STERLING ROAD HOLLYWOOD, FL 33024			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1292712		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
LETUINCHUK, MARY Ellen 5930 DEVON LANE DAVIE, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 obligations of registered agent.							
SIGNATURE <i>Mary Ellen Letvinchuk</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>10/22/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNOZ, APRIL PO BOX 577 DANIA, FL 33004 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ANGELA GONZALEZ</i> 357 SW 163 AVENUE PENBROKE ANES, FLORIDA 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONDONO, MARIA 11390 NW 23RD ST PLANTATION, FL 33326 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO CINDY LARSON-SQUIRES 4120 SW 56 TERRACE DAVIE, FLORIDA 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, SUZEE 20016 NE 36TH PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete			200042168732 10/25/04--01090--022 **236.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LENTOSKI, LAURA 17420 SW 61ST COURT FORT LAUDERDALE, FL 33331 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLESA, LAURIE 660 NW 101ST. TERR. PLANTATION, FL 33324 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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: <i>April Munoz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>10-22-04</i>			
				Daytime Phone # <i>(954) 432-7022</i>			