

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 731642

1. Entity 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



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1292712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LETUINCHUK, MARY ELLEN
5930 DEVON LANE
DAVIE, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Mary Ellen Letuinchuk

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNOZ, APRIL
STREET ADDRESS	PO BOX 577
CITY-ST-ZIP	DANIA, FL 33004
TITLE	T
NAME	GONZALEZ, ANGELA
STREET ADDRESS	357 SW 163 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	S
NAME	BAILEY, SUZEE
STREET ADDRESS	20016 NE 36TH PLACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VPD
NAME	LARSON-SQUIRES, CINDY
STREET ADDRESS	4120 SW 56 TERRACE
CITY-ST-ZIP	DAVIE, FL 33024
TITLE	VP
NAME	PLESA, LAURIE
STREET ADDRESS	660 NW 101ST. TERR.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000213066
02/03/05-80056-002 61.25

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IN THIS SPACE**

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:

April Munoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

Date

Daytime Phone #