2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731642

FILED Feb 03, 2006 Secretary of State

Entity Name: ST. BERNADETTE HOME & SCHOOL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7450 STERLING ROAD HOLLYWOOD, FL 33024

Current Mailing Address: New Mailing Address:

7450 STERLING ROAD HOLLYWOOD, FL 33024

FEI Number: 59-1292712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LETUINCHUK, MARY ELLEN 5930 DEVON LANE DAVIE, FL 33331

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MUNOZ. APRIL LARSON-SQUIRES, CINDY Name: Name: PO BOX 577 Address: 4120 SW 56 TERRACE Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: DAVIE, FL 33314 US

Title: Title: (X) Change () Addition () Delete Name:

GONZALEZ, ANGELA Name: SAMSON, CHERRY Address: 357 SW 163 AVENUE Address: 7834 NW 40 ST City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: DAVIE, FL 33024 US

Title: () Delete Title: (X) Change () Addition BAILEY, SUZEE MORTELLARO, DOROTHY Name: Name:

20016 NE 36TH PLACE Address: Address: 5973 SW 54 CT City-St-Zip: AVENTURA, FL 33180 City-St-Zip: DAVIE, FL 33314 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: LARSON-SQUIRES, CINDY Name: PERRIN, THOMAS 4120 SW 56 TERRACE 2115 MADEIRA DRIVE Address: Address: City-St-Zip: **DAVIE, FL 33024** City-St-Zip: WESTON, FL 33327 US

Title: () Delete Title: (X) Change () Addition

PLESA, LAURIE CROCE, LINDA Name: Name: 660 NW 101ST. TERR. 20141 NW 9 DRIVE Address: Address:

PLANTATION, FL 33324 PEMBROKE PINES, FL 33029 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERRY SAMSON Т 02/03/2006