

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731642

FILED
Feb 02, 2009
Secretary of State

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

Current Principal Place of Business:

7450 STIRLING ROAD
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7450 STIRLING ROAD
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 59-1292712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, MICHELE
9001 NW 15 PL
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARSON-SQUIRES, CINDY
Address: 4120 SW 56 TERRACE
City-St-Zip: DAVIE, FL 33314 US

Title: T () Delete
Name: SAMSON, CHERRY
Address: 7834 NW 40 ST
City-St-Zip: DAVIE, FL 33024 US

Title: S () Delete
Name: MORTELLARO, DOROTHY
Address: 5973 SW 54 CT
City-St-Zip: DAVIE, FL 33314 US

Title: VPD () Delete
Name: PERRIN, THOMAS
Address: 2115 MADEIRA DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: VP (X) Delete
Name: CROCE, LINDA
Address: 20141 NW 9 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAYNE, INGRID
Address: 107 CAMERON COURT
City-St-Zip: WESTON, FL 33327 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CROCE, LINDA
Address: 20141 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

T

02/02/2009

Electronic Signature of Signing Officer or Director

Date