

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 733833**

1. Entity Name  
**NATIVITY HOME AND SCHOOL ASSOCIATION, INC.**



Principal Place of Business  
**NATIVITY, INC.  
5220 JOHNSON STREET  
HOLLYWOOD, FL 33021-5720**

Mailing Address  
**NATIVITY, INC.  
5220 JOHNSON STREET  
HOLLYWOOD, FL 33021-5720**



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0865839**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHLICHTE, PAUL G.  
2134 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LACEY, ROBERT  
STREET ADDRESS 9520 SW 6TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE VPD  
NAME CONNOLLY, SONIA  
STREET ADDRESS 5209 MC KINLEY ST.  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD  
NAME VOGELSANG, MADELINE  
STREET ADDRESS 4008 MADISON ST.  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD  
NAME NICOLETTI, MARIE  
STREET ADDRESS 3817 ADAMS ST  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE T  
NAME WILKINS, DEE  
STREET ADDRESS 3721 ARTHUR ST.  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000621870  
02/13/07-80003-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_