

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90054 020 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

5/1/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** ☐ Delete
NAME **LACEY, ROBERT**
STREET ADDRESS **9520 SW 6TH ST.**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **VOGELSANG, DANA**
STREET ADDRESS **4008 MADISON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☒ Change ☐ Addition
NAME **SD VOGELSANG, MADELINE**
STREET ADDRESS **4008 MADISON ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☒ Delete
NAME **WASEO, LORI**
STREET ADDRESS **9140 NW 13TH ST.**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☒ Change ☐ Addition
NAME **NICOLETTI, MARIE SD**
STREET ADDRESS **3517 ADAMS ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

5-16-03

CR2E037 (10/02)

ATTACHMENT

733833 / 10109077

LAW OFFICES
OF

RAY A. SCHLICHTE, JR., P.A.

PAUL G. SCHLICHTE*

MATTHEW J. SCHLICHTE*

RAY A. SCHLICHTE, JR. (RET.)

*MEMBER OF FEDERAL BAR

2134 HOLLYWOOD BOULEVARD

HOLLYWOOD, FLORIDA 33020

TELEPHONE (954) 923-4604

MIAMI (305) 945-2388

FAX (954) 923-6545

June 25, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Corporations

Dear Sir/Madam:

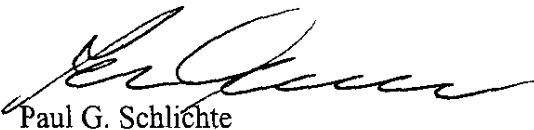
Enclosed please find my clients annual report and check relative to same.

My client is a not-for-profit church and unfortunately was tardy in the return of their documentation.

I represent them at no charge and respectfully request that any penalties and/or additional expense for this delay be cancelled this one time.

In the event the expense and/or penalty must be paid please forward the bill to my office and I shall take care of same.

Sincerely,



Paul G. Schlichte

PGS/jam

Enclosures