

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90283 022 ****61.25

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1. Entity Name
**LEARNING EXCELLENCE FOUNDATION OF WEST
BROWARD COUNTY, INC.**



Principal Place of Business
**2500 GLADES ROAD
WESTON, FL 33327 US**

Mailing Address
**C/O PAUL EICHNER
2500 WESTON ROAD, STE 220
WESTON, FL 33331 US**

14017229



2. Principal Place of Business

3. Mailing Address **e/o Paul Eichner
Bakalar & Eichner, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
150 S. Pine Island Rd, #540

03022005 Chg-NP CR2E037 (10/03)

City & State

City & State
Plantation, Florida

4. FEI Number
65-1125969

Applied For
☐ Not Applicable

Zip

Country

Zip
33324

Country
USA

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

6. Name and Address of Current Registered Agent

**ROSEN & EICHNER, PA
% PAUL EICHNER, ESQ.
2500 WESTON ROAD, STE 220
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name **Paul D. Eichner**
Street Address (P.O. Box Number is Not Acceptable)
Bakalar & Eichner, P.A.
150 S. Pine Island Road, Suite 540
City **Plantation** **FL** Zip Code
33324

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

Paul D. Eichner **PAUL D. EICHNER**

3/3/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

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

TITLE **D/P** ☒ Delete
NAME **BRADDOCK, VIRGINIA**
STREET ADDRESS **2500 WESTON ROAD, STE 220**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **P** ☐ Delete
NAME **KREITZER, JUDI**
STREET ADDRESS **2505 MONTCLAIRE CIR**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **D/T** ☒ Delete
NAME **BILBAO, MARIA**
STREET ADDRESS **100 S.E. 2ND ST., 28TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **DS** ☒ Delete
NAME **NORTON, JIM**
STREET ADDRESS **2645 EXECUTIVE PARK DR**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☒ Delete
NAME **FLINT, JOHN**
STREET ADDRESS **2500 WESTON RD, STE 101**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☐ Delete
NAME **DONNER, CRAIG**
STREET ADDRESS **2475 PROVENCE CIR**
CITY-ST-ZIP **WESTON, FL 33327**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T/D** ☐ Change ☒ Addition
NAME **Rebecca Norwood**
STREET ADDRESS **4060 N.W. 19 Terrace**
CITY-ST-ZIP **Oakland Park, Fl. 33309**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **David Huskey**
STREET ADDRESS **16623 Hemmingway Drive**
CITY-ST-ZIP **Weston, Fl. 33326**

TITLE **D** ☐ Change ☒ Addition
NAME **John Mayo**
STREET ADDRESS **1207 S.W. 87 Terrace**
CITY-ST-ZIP **Plantation, Fl. 33324**

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

TITLE **S/D** ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judi Kreitzer **Judi Kreitzer**

3/9/05

Date

954-384-8984

Daytime Phone #