

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007335

FILED
Jan 16, 2004
Secretary of State

Entity Name: DADE CHRISTIAN SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

6601 N.W. 167TH ST.
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6601 N.W. 167TH ST.
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-1064670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILTIBIDAL, MICHAEL L
6601 N.W. 167TH ST.
MIAMI, FL 33015 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: HILTIBIDAL, MICHAEL L
Address: 6601 N.W. 167TH ST.
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: ACKERMAN, PAUL
Address: 1669 S.W. 156TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: MONROIG, ROBERTO
Address: 14541 ARDOCH PLACE
City-St-Zip: MIAMI LAKES, FL

Title: D () Delete
Name: ORLANDO, LUCMILA (LUCY)
Address: 4074 PALM PLACE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: PEREZ, JOEL
Address: 7770 N.W. 160TH TERRACE
City-St-Zip: MIAMI, FL 33016

Title: D () Delete
Name: POPLIN, MARK
Address: 17435 N.W. 85TH AVENUE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL L. HILTIBIDAL

PD

01/16/2004

Electronic Signature of Signing Officer or Director

Date