


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007335 1. Entity Name DADE CHRISTIAN SCHOOL FOUNDATION, INC.	
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Principal Place of Business 6601 N.W. 167TH ST. MIAMI, FL 33015	Mailing Address 6601 N.W. 167TH ST. MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



08302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1064670	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILTIBIDAL, MICHAEL L
6601 N.W. 167TH ST.
MIAMI, FL 33015

**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 Michael L. Hiltibidal DATE 8/30/05

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

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

1100000377738
09/07/05-80011-004 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILTIBIDAL, MICHAEL L 6601 N.W. 167TH ST. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, PAUL 1669 S.W. 156TH AVENUE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROIG, ROBERTO 14541 ARDOCH PLACE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLANDO, LUCMILA (LUCY) 4074 PALM PLACE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOEL 7770 N.W. 160TH TERRACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPLIN, MARK 17435 N.W. 85TH AVENUE MIAMI, FL 33015

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IN THIS SPACE**

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: Michael L. Hiltibidal DATE 8/30/05 DAYTIME PHONE # 305-822-7690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR