FILED
May 03, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007653

1. Entity Name
FORT LAUDERDALE PREPARATORY SCHOOL PARENT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3275 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311	3275 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
41-2036688
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M
8551 WEST SUNRISE BLVD.
SUITE 208
FORT LAUDERDALE, FL 33322

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REED, JO M.
STREET ADDRESS	3275 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	VERDI, TAMMIE
STREET ADDRESS	3275 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	DYKENS, MICHELLE
STREET ADDRESS	3275 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80149-014 61.25

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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: /s/ Anita Goldstein 4/26/04 954-485-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANITA GOLDSTEIN