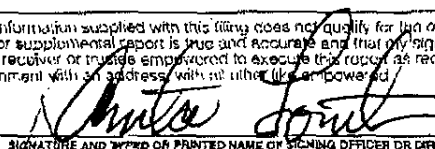


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N01000007653				
1. Entity Name FORT LAUDERDALE PREPARATORY SCHOOL PARENT'S ASSOCIATION, INC.				
Principal Place of Business 3275 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311		Mailing Address 3275 WLST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311		
DO NOT WRITE IN THIS SPACE		04262004 No Chg-NP CR2F037 (10/03)		
		4. FEI Number 41-2036688		
		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		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 _____ Signature: typed or printed name of registered agent and the filer, as applicable. (If filer, Registered Agent signature required when registering.) DATE				
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		DO NOT WRITE IN THIS SPACE 000000153986 05/04/04-80149-014 61.25		
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				
12. I hereby certify that the information supplied with this filing does not qualify for an exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with no other like or powered.				
SIGNATURE: 		4/26/04 954-485-7500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANITA LOENSTEIN		Date: _____ Certificate Number: _____		