


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 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 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 41-2036688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REED, JO M 3275 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERDI, TAMMIE 3275 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DYKENS, MICHELLE 3275 WEST OAKLAND PARK BLVD. 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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03/15/05-80003-010 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7/24/05</u> 954-485-7500 <small>Daytime Phone #</small>
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