

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002273

Entity Name: SEPHARDI SCHOOL, INC.

FILED
Mar 05, 2004
Secretary of State**Current Principal Place of Business:**203 MEADOW HILLS DR
SANFORD, FL 32773**New Principal Place of Business:****Current Mailing Address:**PO BOX 950825
LAKE MARY, FL 327950825**New Mailing Address:**

FEI Number: 59-3442798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LOPEZ, MARSHALL
203 MEADOW HILLS DR
SANFORD, FL 32773**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: LOPEZ, MARSHALL
Address: 203 MEADOW HILLS DR
City-St-Zip: SANFORD, FL 32773Title: VD () Delete
Name: LOPEZ, BETSY
Address: 203 MEADOW HILLS DR
City-St-Zip: SANFORD, FL 32773Title: ST () Delete
Name: LOPEZ, ELSA
Address: 203 MEADOW HILLS DR
City-St-Zip: SANFORD, FL 32773**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:

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: MARSHALL LOPEZ

PD

03/05/2004

Electronic Signature of Signing Officer or Director

Date