

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002328

FILED
Apr 28, 2004
Secretary of State**Entity Name:** CATHOLIC VIRTUAL SCHOOLS, INC.**Current Principal Place of Business:**3406 ROSE HILL WAY
FORT LAUDERDALE, FL 33319**New Principal Place of Business:****Current Mailing Address:**3406 ROSE HILL WAY
FORT LAUDERDALE, FL 33319**New Mailing Address:****FEI Number:** 02-0578010**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRAUN, JANINE
3406 ROSE HILL WAY
FORT LAUDERDALE, FL 33319 US**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: BRAUN, JEROME R
Address: 3406 ROSE HILL WAY
City-St-Zip: FORT LAUDERDALE, FL 33319**Title:** VSTD () Delete
Name: BRAUN, JANINE
Address: 3406 ROSE HILL WAY
City-St-Zip: FORT LAUDERDALE, FL 33319**Title:** D () Delete
Name: BRAUN, THERESA
Address: 3406 ROSE HILL WAY
City-St-Zip: FORT LAUDERDALE, FL 33319**Title:** D () Delete
Name: BRAUN, JUSTIN
Address: 3406 ROSE HILL WAY
City-St-Zip: FORT LAUDERDALE, FL 33319**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:**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: JANINE BRAUN

VSTD

04/28/2004

Electronic Signature of Signing Officer or Director_____
Date