## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010077

FILED Apr 26, 2004 Secretary of State

Entity Name: CARMEN L. STEWART APOSTOLIC INSTITUTE OF LEARNING INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
767 S. STA SUITE 15 MARGATE	ATE RD 7 E, FL 33068				
Current Mailing Address:			New Maili	New Mailing Address:	
767 S. STA SUITE 15 MARGATE	ATE RD 7 E, FL 33068				
FEI Number:	57-1192337	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
441 SOUT SUITE 10 MARGATE The above in the State	of Florida.		pose of changing i	ts registered office or registered agent, or both,	
SIGNATUF		ic Signature of Registered Agent	<u> </u>	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MURRAY, MARI 1407 BELMONT N. LAUDERDAL	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V ()	Delete		( ) <b>0</b> 1	
Name: Address: City-St-Zip:	STEWART, CAR 4133 NW 67 CT CORAL SPRING	OLYN	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Address: City-St-Zip: Title: Name: Address:	STEWART, CAF 4133 NW 67 CT CORAL SPRING	OLYN	Name: Address:	DEAN () Change (X) Addition  BROWN, ANN-MARIE 2926 E FONTANA CT ROYAL PALM BEACH, FL 33411 US	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	STEWART, CAR 4133 NW 67 CT CORAL SPRING	OLYN 8S, FL 33067	Name: Address: City-St-Zip: Title: Name: Address:	DEAN ( ) Change (X) Addition BROWN, ANN-MARIE 2926 E FONTANA CT	
Address:	STEWART, CAR 4133 NW 67 CT CORAL SPRING ( )	OLYN SS, FL 33067 Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DEAN () Change (X) Addition BROWN, ANN-MARIE 2926 E FONTANA CT ROYAL PALM BEACH, FL 33411 US T () Change (X) Addition CAMPBELL, COLLEEN 441 SOUTH STATE RD 7, SUITE 10	

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: MARLENE MURRAY P 04/26/2004