

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010077

FILED
Mar 19, 2008
Secretary of State

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

Current Principal Place of Business:

900 SOUTH STATE ROAD 7
SUITE 15
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

900 SOUTH STATE ROAD 7
SUITE 15
MARGATE, FL 33068

New Mailing Address:

FEI Number: 57-1192337 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, ANN MARIE
900 SOUTH STATE RD 7
MARGATE, FL 33068 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: P () Delete
Name: MURRAY, MARLENE
Address: 3671 HIGH PINE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: STEWART, CAROLYN
Address: 4133 NW 67 CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V () Delete
Name: BROWN, ANN-MARIE
Address: 2926 E FONTANA CT
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: T () Delete
Name: CAMPBELL, COLLEEN
Address: 441 SOUTH STATE RD 7, SUITE 10
City-St-Zip: MARGATE, FL 33068 US

Title: REG () Delete
Name: BROWN, JEAN
Address: 9816 ROYAL PALM BLVD
City-St-Zip: CORAL SPRING, FL 33065 US

Title: SEC. () Delete
Name: EWEN, LAVERNE
Address: 9816 ROYAL PALM BLVD
City-St-Zip: CORAL SPRINGS, FL 33065 US

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
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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 exemption stated in Chapter 119, 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

03/19/2008

Electronic Signature of Signing Officer or Director

Date