

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2009  
Secretary of State**

DOCUMENT# N03000010077

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  
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 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

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date