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CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 FEB -3 PM 1:42

DOCUMENT # N10796 (3)

1. Corporation Name
GUARDIAN SHEPHERD LUTHERAN CHRISTIAN DAY SCHOOL, INC.

Principal Place of Business Mailing Address
 110 PHOENETIA AVE. 110 PHOENETIA AVE.
 CORAL GABLES FL 33134 CORAL GABLES FL 33134
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1985 3a. Date of Last Report 03/01/1994
 4. FEI Number 59-2566335 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 VETTEL, SANDRA
 9220 SW 83RD ST
 MIAMI FL 33177

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sandra Vettel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, ALIENE
STREET ADDRESS	912 GENOA
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DP
NAME	VETTEL, SANDRA
STREET ADDRESS	9220 S.W. 83RD STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	SANDOVAL, ADAN H.
STREET ADDRESS	14385 S.W. 159TH TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	KOFINK, REV WAYNE
STREET ADDRESS	9820 CORAL WAY
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HOLLINGSWORTH, LUCI
STREET ADDRESS	125 ALEDO ST.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	HERRERA, ANNIE
STREET ADDRESS	21 SW 59TH AVENUE
CITY-ST-ZIP	MIAMI FL 33144

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adan Sandoval Secretary 1-18-95 (305) 445-8918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #