

2-12-98 B 1935C
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FILED
 Feb 12 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10796 (3)
 1. Corporation Name
GUARDIAN SHEPHERD LUTHERAN CHRISTIAN DAY SCHOOL, INC.



Principal Place of Business 110 PHOENETIA AVE. CORAL GABLES FL 33134 US	Mailing Address 110 PHOENETIA AVE. CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified 08/21/1985		
4. FEI Number 59-2566335	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**VETTEL, SANDRA
 9220 SW 83RD ST
 MIAMI FL 33173-4105**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sandra S. Vettel* *Sandra S. Vettel* DATE **2-5-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEO BEATO	1.2 NAME	Blanco, Lissette
STREET ADDRESS	110 PHOENETI AVE.	1.3 STREET ADDRESS	4374 SW 12th Street
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI, FL 33134
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VETTEL, SANDRA	2.2 NAME	CARDELL, HAYDEE
STREET ADDRESS	9220 S.W. 83RD STREET	2.3 STREET ADDRESS	6483 SW 26th Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOVAL, ADAN H.	3.2 NAME	SANDOVAL, ADAN H.
STREET ADDRESS	14385 S.W. 159TH TERR.	3.3 STREET ADDRESS	14384 SW 159 Terrace
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFINK, REV WAYNE	4.2 NAME	
STREET ADDRESS	9820 CORAL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE RIGGENBACH	5.2 NAME	
STREET ADDRESS	10353 SW 114 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE KOFINK	6.2 NAME	
STREET ADDRESS	9820 CORAL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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: *Sandra S. Vettel* *Sandra S. Vettel* DATE **2-5-98**

CR2E037 (10/97)