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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10796
 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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272354-90110-37



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/21/1985
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2566335
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **John Ober**
 82 Street Address (P.O. Box Number is Not Acceptable)
9171 Fountain Blvd.
 84 City **MIAMI** FL 85 Zip Code **33172**

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: *John M Ober* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: LEO BEATO STREET ADDRESS: 110 PHOENETIA AVE. CITY-ST-ZIP: CORAL GABLES FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: DP NAME: VETTEL, SANDRA STREET ADDRESS: 9220 S.W. 83RD STREET CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D/P 2.2 NAME: John Ober 2.3 STREET ADDRESS: 9171 Fountain Blvd 2.4 CITY-ST-ZIP: MIAMI, FL 33172
TITLE: D NAME: SANDOVAL, ADAN H. STREET ADDRESS: 14384 SW 159 TERR CITY-ST-ZIP: MIAMI FL 33177	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D/T 3.2 NAME: Pam Sloan 3.3 STREET ADDRESS: 707 Ponce de Leon Blvd. 3.4 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: D NAME: KOFINK, REV WAYNE STREET ADDRESS: 9820 CORAL WAY CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Floyd Florence 4.3 STREET ADDRESS: 430 SW 62 Court 4.4 CITY-ST-ZIP: MIAMI, FL 33144
TITLE: D NAME: LEE RIGGENBACH STREET ADDRESS: 10353 SW 114 ST. CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D/S 5.2 NAME: Christine Taylor 5.3 STREET ADDRESS: 116 54 SW 53 Place 5.4 CITY-ST-ZIP: Cooper City, FL
TITLE: DT NAME: WAYNE KOFINK STREET ADDRESS: 9820 CORAL WAY CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: Felicia Dominguez 6.3 STREET ADDRESS: 7595 SW 29th St. 6.4 CITY-ST-ZIP: Miami, Fla. 33155

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, with all other like empowered.

SIGNATURE: *John M Ober* **REQUIRED** Date: **1-7-99**

CR2E037 (11/98)