

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N18540	
1. Entity Name THE LOU CHURCH EDUCATIONAL FOUNDATION, INC.	

Principal Place of Business 1700 N E 26TH STREET FORT LAUDERDALE, FL 33305	Mailing Address 1700 N E 26TH STREET FORT LAUDERDALE, FL 33305
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2761512	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HELMHOLDT, ROBERT D 1700 N E 26TH STREET FORT LAUDERDALE, FL 33305

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000469700
03/27/06-80011-005 81.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HELMHOLDT, BOB 1700 NE 26TH ST WILTON MANORS, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIGELOW, ARTHUR L 2755 N E 15TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DRURY, JACK 5711 N.E. 22ND TERRACE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, D. ALLEN 2832 N E 25TH COURT FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEHAN, C. EDWARD 22 CAYUGA ROAD SEA RANCH LAKES, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: Robert D. Helmholdt ROBERT D. HELMHOLDT, DDS
President 3-13-06 954-563-5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if