

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 A
Secretary of State

DOCUMENT # N18540

1. Entry 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**



01192007 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
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

U00000619125
02/08/07-80058-020 61.25

**DO NOT WRITE
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 all other like empowered.

SIGNATURE:

Robert D. Helmholtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT D. HELMHOLDT, DDS
President**

1-31-07
Date

954-563-5861
Daytime Phone #