FILE NOW: FILING FEE IS $61.25

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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N21828** **(1)**

1. Corporation Name

MIRAMAR LUTHERAN LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
7790 LA SALLE BLVD MIRAMAR FL 33023	7790 LA SALLE BLVD MIRAMAR FL 33023-4612

3. Date Incorporated or Qualified: 07/31/1987
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2820449 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMIREZ, FREDERICK J.
10041 PINES BLVD., SUITE C
PEMBROKE PINES FL 33024

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 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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KIRCK, FRANK		1.2 NAME	
STREET ADDRESS	7521 SHALIMAR ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KIRCK, JOYCE		2.2 NAME	
STREET ADDRESS	7521 SHAIMAR ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SEARS, MYRTLE		3.2 NAME	
STREET ADDRESS	8161 NW 15 STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AUFDENKAMP, HAZEL		4.2 NAME	
STREET ADDRESS	2313 MADISON ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JANICE BROTHERS		5.2 NAME	
STREET ADDRESS	761 GREENBRIAR AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	AUFDENKAMP, NORMAN		6.2 NAME	
STREET ADDRESS	2313 MADISON STR		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Hazel Aufdenkamp Hazel Aufdenkamp 1-14-97 954-987-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023688