

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 016 ****61.25

DOCUMENT # N21828

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2820449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME ABBOTT, PAUL
STREET ADDRESS 7120 GRANADA BLVD
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ Change ☒ Addition
NAME Lesia Crawford Bailey
STREET ADDRESS 3470 Foxcroft Rd #114
CITY-ST-ZIP Miramar, FL 33025

TITLE S ☐ Delete
NAME SEARS, MYRTLE
STREET ADDRESS 8161 NW 15 STREET
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME AUFDENKAMP, HAZEL
STREET ADDRESS 2011 SW 84 AVE
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JANICE BROTHERS
STREET ADDRESS 761 GREENBRIAR AVE.
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME AUFDENKAMP, NORMAN
STREET ADDRESS 2011 SW 84 AVE
CITY-ST-ZIP DAVIE FL 33324

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Hazel Aufdenkamp

Hazel Aufdenkamp

2-8-06

954-987-1234