## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21828

FILED Jaņ 0<u>9, 2</u>008 Secretary of State

Entity Name: MIRAMAR LUTHERAN LEARNING CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7790 LA SALLE BLVD MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** 7790 LA SALLE BLVD MIRAMAR, FL 33023 FEI Number: 59-2820449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMIREZ, FREDERICK J. 10041 PINES BLVD., SUITE C PEMBROKE PINES, FL 33024 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition CRAWFORD BAILEY, LESIA BROSCH, JOYCE Name: Name: 3470 FOXCROFT RD Address: 8301 NW 17 COURT Address: City-St-Zip: MIRAMOR, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33024 Title: ( ) Delete Title: () Change () Addition Name: SEARS, MYRTLE, Name: Address: 8161 NW 15 STREET Address: City-St-Zip: PEMBROKE PINES, FL City-St-Zip: Title: () Delete Title: () Change () Addition AUFDENKAMP, HAZEL, Name: Name: Address: 2011 SW 84 AVE Address: City-St-Zip: **DAVIE. FL 33324** City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: JANICE BROTHERS, Name: 761 GREENBRIAR AVE. Address: Address: City-St-Zip: DAVIE, FL City-St-Zip: Title: Title: ( ) Delete () Change () Addition AUFDENKAMP, NORMAN Name: Name: 2011 SW 84 AVE Address: Address: **DAVIE, FL 33324** City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZEL AUFDENKAMP S 01/09/2008