2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# N21828

Entity Name: MIRAMAR LUTHERAN LEARNING CENTER, INC.

Current Principal Place of Business:

7790 LA SALLE BLVD
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7790 LA SALLE BLVD
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 59-2820449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: BROSCH, JOYCE
Address: 8301 NW 17 COURT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete
Name: SEARS, MYRTLE
Address: 8161 NW 15 STREET
City-St-Zip: PEMBROKE PINES, FL

Title: TD ( ) Delete
Name: AUFDENKAMP, HAZEL
Address: 2011 SW 84 AVE
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete
Name: JANICE BROTHERS
Address: 761 GREENBRIAR AVE.
City-St-Zip: DAVIE, FL

Title: P ( ) Delete
Name: AUFDENKAMP, NORMAN
Address: 2011 SW 84 AVE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 TD 05/11/2009
Electronic Signature of Signing Officer or Director — Date