

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002972**

1. Entity Name

CHRIST LUTHERAN CHURCH PRE-SCHOOL, INC.**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90055 046 ****61.25

Principal Place of Business

**1955 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306**

Mailing Address

**1955 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0461224

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

**CROUCHER, GARY
1955 E OAKLAND PARK BLVD
CHRIST LUTHERAN CHURCH
FT LAUDERDALE FL 33306**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CROUCHER, GARY**
STREET ADDRESS **1658 NE 36 STREET**
CITY-ST-ZIP **OAKLAND PARK FL**TITLE **D** ☒ Delete
NAME **PARISEK, RENATE**
STREET ADDRESS **1851 NE 34 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33306**TITLE **D** ☐ Delete
NAME **BUCHTA, CATHY**
STREET ADDRESS **4680 NE 3 TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**TITLE **D** ☐ Delete
NAME **GRABOWSKI, LINDA**
STREET ADDRESS **2147 NE 62 COURT**
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I 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 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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)