FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N95000002522 (9)

NORTH BROWARD PREPARATORY SCHOOLS FOUNDATION, IN

FILED Jul 30 1998 8:00am Secretary of State

Zip Code

Principal Place of Business Mailing Address		I INDELLIET DEU TREU PIELL DUILL BOTH BOTH BOTH BOTH LIND HER FREI FERL			
1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	3. Date Incorporated or Qualified 05/26/1995			
		4. FEI Number Applied For 65-0586105 Not Applicable			
2. Principal Place of Business	2a. Mailing Address 26	5. Certificate of Status Desired Section Fee Required			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State	City & State	7. Is this nonprofit corporation a homeowners association?			
Zip Country 25	Zip Cc	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SPRUCE, WILLIAM D 1600 W. COMMERCIAL BLVD.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83			
FT. LAUDERDALE FL 33309					

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 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, and provided the purpose of the provided statement of the purpose of changing its registered agent.

84 City

agent. i a	ini lamiliar with, and accept the obligations of, Section	on 617.0303, Floric	ia Sialules.			
SIGNATURE	Signature, typed or printed name of registered egent and title if applica	ble (NOTE B	tegistered Agent algnature	required when reinstating	DATE	
12.	OFFICERS AND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition
NAME	CAMILLO, JOHN M		1.2 NAME	·		
STREET ADDRESS	1600 W. COMMERCIAL BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	\$PRUCE, WILLIAM D		2.2 NAME			
STREET ADDRESS	1600 W. COMMERCIAL BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP			
TITLE	0	DELETE	3.1 TITLE	<u>-</u>	Change	Addition
NAME	MORGAMAN, PHILIP E		3.2 NAME			
STREET ADDRESS	1600 W. COMMERCIAL BLVD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	_	DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
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14. 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 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 their eceiver 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 any attachasent with an address.