FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000371

1. Entity Name
WESTMINSTER ACADEMY EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
5601 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	5601 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308

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041620D1 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0750530
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEACHAM, ROB
5601 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

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7. 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] 4-20-04
(Business, name or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when amended) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COCHRAN, CLARK
STREET ADDRESS	4300 NE 22 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	MEACHAM, ROB
STREET ADDRESS	2724 NE 37 DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	WACKES, KENNETH P
STREET ADDRESS	4204 NE 21 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	ZYLSTRA, IRV
STREET ADDRESS	7511 ROCKBRIDGE CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	BARNES, JAMES
STREET ADDRESS	8730 NE 21 DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80025-010 61.25

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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] 4-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #