


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000001147</b> 1. Entity Name WEST BROWARD CHRISTIAN SCHOOL, INC.	
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Principal Place of Business 17950 GRIFFIN RD FT LAUDERDALE, FL 33331	Mailing Address 17950 GRIFFIN RD FT LAUDERDALE, FL 33331
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0756673	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JONES, MARY 230 S.W. 159 WAY SUNRISE, FL 33326
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000057842 02/20/04-80005-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SCHULZ, WENDY 15699 NW 12TH RD PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV LIGHT, MOLLIE 1042 WOODFALL CT WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HUSE, MELISSA 17520 SW 66TH CT SOUTHWEST RANCHES, FL 33331
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IN THIS SPACE**

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: <i>Mollie Light</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/13/04 Date	9543897662 Daytime Phone #
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