

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90041 006 \*\*\*\*70.00

**DOCUMENT # N97000005624**

1. Entity Name

CHRISTIAN LOVE FELLOWSHIP ACADEMY, INC.



Principal Place of Business

747 S. FEDERAL HIGHWAY  
DEERFIELD BEACH FL 33441

Mailing Address

747 S. FEDERAL HIGHWAY  
DEERFIELD BEACH FL 33441

34041030



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0807807

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUADAGNINO, BEATRICE  
1081 SW 19 ST.  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME GUADAGNINO, BEATRICE  
STREET ADDRESS 1081 SW 19 ST.  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DST ☐ Delete  
NAME DRABIK, MARY A  
STREET ADDRESS 738 SE 10 TERR.  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D ☒ Delete  
NAME DRABIK, MARY  
STREET ADDRESS 2670 NW 123 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DST ☐ Delete  
NAME SLAUGHTER, TINA  
STREET ADDRESS 2670 NW 123 DR  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ Delete  
NAME GUADAGNINO, ANTHONY  
STREET ADDRESS 4029 EASTRIDGE CIR  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D.S. ☒ Change ☐ Addition  
NAME DRABIK, Mary A.  
STREET ADDRESS 738 SE 10 TERRACE  
CITY-ST-ZIP DEERFIELD Bch FL 33441

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

TITLE DT ☒ Change ☐ Addition  
NAME TINA SLAUGHTER  
STREET ADDRESS 2670 NW 123 DR  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE D. ☐ Change ☒ Addition  
NAME Rev. Rick Slaughter  
STREET ADDRESS 2670 NW 123 Drive  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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:** Tina Slaughter Tina Slaughter 3-18-04 954-428-8980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #