


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001664
 1. Entity Name
 SAINT AMBROSE HOME AND SCHOOL ASSOCIATION, INC.



Principal Place of Business Mailing Address
 363 SE 12TH AVE. 363 SE 12TH AVE.
 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441



DO NOT WRITE IN THIS SPACE

02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
 WILSMAN, ELIZABETH
 190 WEST PALMETTO PARK RD.
 BOCA RATON, FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WILSMAN, ELIZABETH
STREET ADDRESS	190 WEST PALMETTO PARK RD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	P
NAME	WEINGARD, CAROLYN
STREET ADDRESS	11163 MODEL CIR WEST
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11000001664
 02/25/05-80152-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: EA Wilsmann EA Wilsmann 2-22-05 561 392 8612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #