


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90361 034 \*\*\*\*61.25

DOCUMENT # 198000004007

1. Entity Name  
NORTH LAUDERDALE ACADEMY  
HIGH SCHOOL PTSD, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>955-71 SW 1<sup>ST</sup> AVE</u>		3. Mailing Address <u>955-71 SW 7<sup>TH</sup> AVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>NORTH LAUDERDALE FL</u>		City & State <u>LAUDERDALE FL</u>	
Zip <u>33068</u>	Country	Zip <u>33068</u>	Country

**11033964**

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0848904</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>WILLIAM R TURNER + CO, PA</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>8751 W BROWARD BLVD</u>	
	Suite <u>207</u>	
	City <u>PLANTATION</u>	FL Zip Code <u>33324</u>

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>ELISA SLUSHER</u> <u>1101 SUSSEX DR</u> <u>N. LAUDERDALE</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT</u> <u>DONNA THOMPSON</u> <u>1701 SW 65TH AVE</u> <u>HALEAH, FL 33068</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <u>MICHELLE PARRY</u> <u>5365 NW 93 TERRACE</u> <u>SUNRISE, FL 33351</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER</u> <u>AMRYL BERMENT</u> <u>6761 NW 70 AVE</u> <u>TAMARAC FL 33321</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: AMRYL BERMENT - TREASURER  
Amryl Berment Treasurer 4/29/03 800-837-0032 X8360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)