

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

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90014 048 ****61.25

DOCUMENT # N98000006067

1. Entity Name

THE MILLENNIUM SCHOOL, INC.



Principal Place of Business

C/O N SAKHNOVSKY
919 NE 20 AVE
FORT LAUDERDALE FL 33304

Mailing Address

C/O N SAKHNOVSKY
455 SW 5 AVE
FORT LAUDERDALE FL 33315-1019

2. Principal Place of Business

1214 NE 4 AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

4. FEI Number

65-0875089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLANTZ, RONALD P ESQ
7951 S.W. 6TH STREET, SUITE 200
PLANTATION FL 33324

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 DCP
NAME SAKHNOVSKY, NICHOLAS ☐ Delete
STREET ADDRESS 919 NE 20 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE VPD
NAME SAKHNOVSKY, ALICE ☐ Delete
STREET ADDRESS 919 NE 20 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D
NAME ST BERNARD, CORINA ☐ Delete
STREET ADDRESS 919 NE 20 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1214 NE 4 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1214 NE 4 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1214 NE 4 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

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

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

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

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:

Nicholas Sakhnovsky

NICHOLAS SAKHNOVSKY

4-14-04

954-254-0466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #