## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006067

**Current Principal Place of Business:** 

Entity Name: THE MILLENNIUM SCHOOL, INC.

FILED May 01, 2005 Secretary of State

1214 NE 4 AVE

FORT LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

C/O N SAKHNOVSKY 455 SW 5 AVE FORT LAUDERDALE, FL 333151019

FEI Number: 65-0875089 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

City-St-Zip:

- Flateria Circulus (Basistand Assat

City-St-Zip:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

Title: DCP ( ) Delete Title: ( ) Change ( ) Addition

Name: SAKHNOVSKY, NICHOLAS Name:

 Address:
 1214 NE 4 AVE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33304
 City-St-Zip:

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SAKHNOVSKY, ALICE
 Name:

 Address:
 1214 NE 4 AVE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33304
 City-St-Zip:

FORT LAUDERDALE, FL 33304

Title: D ( ) Delete Title: ( ) Change ( ) Addition

Name: ST BERNARD, CORINA Name:
Address: 1214 NE 4 AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS SAKHNOVSKY DCP 05/01/2005