

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010077

**FILED**  
**Feb 11, 2021**  
**Secretary of State**  
**7186713193CC**

**Entity Name:** CARMEN L. STEWART APOSTOLIC INSTITUTE OF LEARNING  
INC.

**Current Principal Place of Business:**

6101 NW 31ST STREET  
MARGATE, FL 33063

**Current Mailing Address:**

6208 WHITE OAK DR  
SUITE 15  
FORT LAUDERDALE, FL 33319 US

**FEI Number: 57-1192337**

**Certificate of Status Desired: Yes**

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

MITCHELL, JENNIFER  
233 IOWA AVE  
FORT LAUDERDALE, FL 33309 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MURRAY, MARLENE  
Address 6208 WHITE OAK DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33319

Title D  
Name MURRAY, DESMOND  
Address 6208 WHITE OAK DR  
SUITE 15  
City-State-Zip: TAMARAC FL 33319

Title T  
Name BAILEY, COLLEEN  
Address 6101 NW 31ST STREET  
City-State-Zip: MARGATE FL 33063

Title REG  
Name MITCHELL, JENNIFER  
Address 233 IOWA AVE  
City-State-Zip: FORT LAUDERDALE FL 33309

Title SEC.  
Name EWEN, LAVERNE  
Address 9816 ROYAL PALM BLVD  
City-State-Zip: CORAL SPRINGS FL 33065

*I hereby 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 all other like empowered.*

**SIGNATURE: MARLENE V MURRAY**

**P**

**02/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date