## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010077

Entity Name: CARMEN L. STEWART APOSTOLIC INSTITUTE OF LEARNING

INC.

**FILED** Feb 22, 2015 **Secretary of State** CC3436511177

## **Current Principal Place of Business:**

900 SOUTH STATE ROAD 7

SUITE 15

MARGATE, FL 33068

## **Current Mailing Address:**

900 SOUTH STATE ROAD 7 SUITE 15 MARGATE, FL 33068

FEI Number: 57-1192337 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MITCHELL, JENNIFER 900 SOUTH STATE RD 7 MARGATE, FL 33068 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

CORAL SPRINGS FL 33067

Officer/Director Detail:

Title Title V

MURRAY, MARLENE STEWART, CAROLYN Name Name

900 SOUTH STATE ROAD 7 Address Address 4133 NW 67 CT

SUITE 15

City-State-Zip: City-State-Zip: MARGATE FL 33068

Title Title D

Name CAMPBELL, COLLEEN Name MURRAY, DESMOND

Address 441 SOUTH STATE RD 7, SUITE 10 Address 900 SOUTH STATE ROAD 7

City-State-Zip: MARGATE FL 33068 SUITE 15

MARGATE FL 33068 City-State-Zip: Title SEC.

EWEN, LAVERNE Title REG Name

Name BROWN, JEAN Address 9816 ROYAL PALM BLVD Address 9816 ROYAL PALM BLVD City-State-Zip: CORAL SPRINGS FL 33065

City-State-Zip: CORAL SPRING 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.

Electronic Signature of Signing Officer/Director Detail