

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000002616

**Entity Name:** LA SALLE EDUCATIONAL CENTER, HOMESTEAD, INC

**Current Principal Place of Business:**

13350 SW 314 ST  
HOMESTEAD, FL 33033

**Current Mailing Address:**

31260 SW 136TH AVE, UNIT 294  
HOMESTEAD, FL 33033 US

**FEI Number:** 65-0759494

**Certificate of Status Desired:** No

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

VELOZ, GRACE  
13350 SW 314 ST  
HOMESTEAD, FL 33033 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:** GRACE VELOZ

06/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            SCARAMUZZO II, MICHAEL PETER  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title            CHAIRMAN  
Name            VENTRESCA, BENJAMIN  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title            VC  
Name            SAUNDERS, DANIEL RYAN FR.  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title            SECRETARY  
Name            JULIANO FSC, JOSEPH BR.  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title            TREASURER  
Name            FROEHLICH FSC, TIMOTHY BR.  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title            TRUSTEE  
Name            SCHAEFER FSC, ROBERT BR.  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title            TRUSTEE  
Name            BYRNE FSC, FRANK BR.  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title            TRUSTEE  
Name            LOGAN, JAMES  
Address        13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

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*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:** MICHAEL SCARAMUZZO II

PRESIDENT/CEO

06/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name VELOZ, GRACE  
Address 13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title TRUSTEE  
Name CASTRO, GISELA  
Address 13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title TRUSTEE  
Name ESPINO, JOSÉ FR.  
Address 13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033

Title TRUSTEE  
Name VALDES-DIAZ, RODOLFO  
Address 13350 SW 314 ST  
City-State-Zip: HOMESTEAD FL 33033