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

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90435 026 ****70.00

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1. Entity Name

BROWARD COUNTY HOMESCHOOL PARENT SUPPORT GROUP, INC.

Principal Place of Business	Mailing Address
7780 NW 39TH ST HOLLYWOOD FL 33024 US	7780 NW 39TH ST HOLLYWOOD FL 33024 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
10971 NW 38 Ct.	10971 NW 38 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Coral Springs, FL	Coral Springs, FL
City & State	City & State
33065 USA	33065 USA
Zip / Country	Zip / Country

4. FEI Number 65-0754631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHER, CHRISTINE
7780 NW 39TH ST
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name: Cheryl Valerio
Street Address (P.O. Box Number is Not Acceptable): 10971 NW 38 Ct.
City: Coral Springs, FL 33065
FL

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: Cheryl A. Valerio 4-21-04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, KATHIE 4220 SW 53RD AVE DAVIE FL 33314	☑ Delete	SD Shelly Pond 1321 NW 75 ter. Plantation, FL 33313	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, LEEANN 13485 NW 5 CT PLANTATION FL 33325	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VALERIO, CHERYL 10971 NW 38TH CT CORAL SPRINGS FL 33065	☐ Delete	P.D.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V.P. Kelly Fifelski 9241 NW 24 Ct. Sunrise, FL 33322	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T.O Linda Hottel 2311 NE 47 St. Lighthouse Point, FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Martha Kernohan 1215 Lincoln St. Hollywood, FL 33019	☐ Change ☑ Addition

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: Cheryl A. Valerio Cheryl A. Valerio 4-21-04 954-255-9836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #