2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004
Secretary of State

DOCUMENT# N97000002460

Entity Name: BROWARD COUNTY HOMESCHOOL PARENT SUPPORT GROUP, INC.

Current Principal Place of Business:

10971 NW 38 CT.
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

9241 NW 24 COURT
SUNRISE, FL 33322 US

Current Mailing Address:

10971 NW 38 CT.
CORAL SPRINGS, FL 33065 US

New Mailing Address:

9241 NW 24 COURT
SUNRISE, FL 33322 US

FEI Number: 65-0754631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALERIO, CHERYL
10971 NW 38 CT.
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: POND, SHELLY
Address: 1321 NW 75 TER.
City-St-Zip: PLANTATION, FL 33313

Title: VD ( ) Delete
Name: FIFELSKI, KELLY
Address: 9241 NW 24 CT.
City-St-Zip: SUNRISE, FL 33322

Title: PD ( ) Delete
Name: VALERIO, CHERYL
Address: 10971 NW 38TH CT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD ( ) Delete
Name: HOTTEL, LINDA
Address: 2311 NE 47 ST.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D ( ) Delete
Name: KERNOHAN, MARTHA
Address: 1215 LINCOLN ST.
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CASSIDY, JO ANNE
Address: 5401 SW 164 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D ( ) Change (X) Addition
Name: DE KLAVON, DONNA
Address: 1840 NW 105 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

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: CHERYL VALERIO PD 08/30/2004
Electronic Signature of Signing Officer or Director Date