

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90009 024 ****61.25

DOCUMENT # N97000002460	
1. Entity Name BROWARD COUNTY HOMESCHOOL PARENT SUPPORT GROUP, INC.	

40030603



Principal Place of Business 9241 NW 24 COURT SUNRISE, FL 33322 US	Mailing Address 9241 NW 24 COURT SUNRISE, FL 33322 US
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03012007 Chg-NP CR2E037 (12/06)

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 FIFELSKI, KELLY 9241 NW 24 COURT SUNRISE, FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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																								
<table border="1"> <tr> <td>TITLE</td> <td>SD</td> <td>Delete</td> </tr> <tr> <td>NAME</td> <td>WARD, LINDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2231 NW 87TH TER</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 33024</td> <td></td> </tr> </table>	TITLE	SD	Delete	NAME	WARD, LINDA		STREET ADDRESS	2231 NW 87TH TER		CITY-ST-ZIP	HOLLYWOOD, FL 33024		<table border="1"> <tr> <td>TITLE</td> <td>Director</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Linda Ward</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	Director	☒ Change ☐ Addition	NAME	Linda Ward		STREET ADDRESS			CITY-ST-ZIP		
TITLE	SD	Delete																							
NAME	WARD, LINDA																								
STREET ADDRESS	2231 NW 87TH TER																								
CITY-ST-ZIP	HOLLYWOOD, FL 33024																								
TITLE	Director	☒ Change ☐ Addition																							
NAME	Linda Ward																								
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>FIFELSKI, KELLY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9241 NW 24 CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33322</td> <td></td> </tr> </table>	TITLE	PD	☐ Delete	NAME	FIFELSKI, KELLY		STREET ADDRESS	9241 NW 24 CT.		CITY-ST-ZIP	SUNRISE, FL 33322		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	☐ Delete																							
NAME	FIFELSKI, KELLY																								
STREET ADDRESS	9241 NW 24 CT.																								
CITY-ST-ZIP	SUNRISE, FL 33322																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>VILLAZON, LAURA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 SEVILLE CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE, FL 33324</td> <td></td> </tr> </table>	TITLE	D	☒ Delete	NAME	VILLAZON, LAURA		STREET ADDRESS	17 SEVILLE CIRCLE		CITY-ST-ZIP	DAVIE, FL 33324		<table border="1"> <tr> <td>TITLE</td> <td>Secretary</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>DeeDee Zero</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5501 SW 196 Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Southwest Ranches, FL 33332</td> <td></td> </tr> </table>	TITLE	Secretary	☐ Change ☒ Addition	NAME	DeeDee Zero		STREET ADDRESS	5501 SW 196 Lane		CITY-ST-ZIP	Southwest Ranches, FL 33332	
TITLE	D	☒ Delete																							
NAME	VILLAZON, LAURA																								
STREET ADDRESS	17 SEVILLE CIRCLE																								
CITY-ST-ZIP	DAVIE, FL 33324																								
TITLE	Secretary	☐ Change ☒ Addition																							
NAME	DeeDee Zero																								
STREET ADDRESS	5501 SW 196 Lane																								
CITY-ST-ZIP	Southwest Ranches, FL 33332																								
<table border="1"> <tr> <td>TITLE</td> <td>VD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SODERGREN, BRENDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4180 SW 70 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVIE, FL 33314</td> <td></td> </tr> </table>	TITLE	VD	☐ Delete	NAME	SODERGREN, BRENDA		STREET ADDRESS	4180 SW 70 TERRACE		CITY-ST-ZIP	DAVIE, FL 33314		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Lorraine Mitchell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11157 NW 68 Place</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Parkland, FL 33076</td> <td></td> </tr> </table>	TITLE	D	☐ Change ☒ Addition	NAME	Lorraine Mitchell		STREET ADDRESS	11157 NW 68 Place		CITY-ST-ZIP	Parkland, FL 33076	
TITLE	VD	☐ Delete																							
NAME	SODERGREN, BRENDA																								
STREET ADDRESS	4180 SW 70 TERRACE																								
CITY-ST-ZIP	DAVIE, FL 33314																								
TITLE	D	☐ Change ☒ Addition																							
NAME	Lorraine Mitchell																								
STREET ADDRESS	11157 NW 68 Place																								
CITY-ST-ZIP	Parkland, FL 33076																								
<table border="1"> <tr> <td>TITLE</td> <td>TD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HINTZE, LINDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1754 NW 38TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OAKLAND PARK, FL 33309</td> <td></td> </tr> </table>	TITLE	TD	☐ Delete	NAME	HINTZE, LINDA		STREET ADDRESS	1754 NW 38TH ST		CITY-ST-ZIP	OAKLAND PARK, FL 33309		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Anita Ferguson</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8940 NW 188 St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hialeah, FL 33018</td> <td></td> </tr> </table>	TITLE	D	☐ Change ☒ Addition	NAME	Anita Ferguson		STREET ADDRESS	8940 NW 188 St.		CITY-ST-ZIP	Hialeah, FL 33018	
TITLE	TD	☐ Delete																							
NAME	HINTZE, LINDA																								
STREET ADDRESS	1754 NW 38TH ST																								
CITY-ST-ZIP	OAKLAND PARK, FL 33309																								
TITLE	D	☐ Change ☒ Addition																							
NAME	Anita Ferguson																								
STREET ADDRESS	8940 NW 188 St.																								
CITY-ST-ZIP	Hialeah, FL 33018																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>DE KLAVON, DONNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1840 NW 105 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33026</td> <td></td> </tr> </table>	TITLE	D	☒ Delete	NAME	DE KLAVON, DONNA		STREET ADDRESS	1840 NW 105 TERRACE		CITY-ST-ZIP	PEMBROKE PINES, FL 33026		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Virginia Ascani</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7500 NW 3 Ct.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Plantation, FL 33317</td> <td></td> </tr> </table>	TITLE	D	☐ Change ☒ Addition	NAME	Virginia Ascani		STREET ADDRESS	7500 NW 3 Ct.		CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	☒ Delete																							
NAME	DE KLAVON, DONNA																								
STREET ADDRESS	1840 NW 105 TERRACE																								
CITY-ST-ZIP	PEMBROKE PINES, FL 33026																								
TITLE	D	☐ Change ☒ Addition																							
NAME	Virginia Ascani																								
STREET ADDRESS	7500 NW 3 Ct.																								
CITY-ST-ZIP	Plantation, FL 33317																								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kelly M. Fipelski **3-1-07** **954-749-7310**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #