

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002460

Entity Name: BROWARD COUNTY HOMESCHOOL PARENT SUPPORT GROUP, INC.**Current Principal Place of Business:**8965 SW 52ND PLACE
COOPER CITY, FL 33328**Current Mailing Address:**8965 SW 52ND PLACE
COOPER CITY, FL 33328 US**FEI Number:** 65-0754631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTEGA, COLLEEN
8965 SW 52ND PLACE
COOPER CITY, FL 33328 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:** COLLEEN ORTEGA

01/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER

Name ORTEGA, COLLEEN

Address 8965 SW 52ND PLACE

City-State-Zip: COOPER CITY FL 33328

Title PRESIDENT

Name ORTIZ, GLORIA

Address 1501 NW 79TH AVENUE

City-State-Zip: PEMBROKE PINES FL 33024

Title ENCORE THEATRE ADMINISTRATOR

Name MULET, ALBA

Address 9580 SW 8TH STREET

City-State-Zip: PEMBROKE PINES FL 33025

Title HIGH SCHOOL GROUP AND SPECIAL
EVENTS COORDINATOR

Name BETANCOURT, KARINA

Address 18478 NW 22ND ST

City-State-Zip: PEMBROKE PINES FL 33029-3810

Title HIGH SCHOOL GROUP
COORDINATOR/SPECIAL EVENTS
COORDINATOR

Name ANELIZ, SPINDLER

Address 3774 PINE LAKE DRIVE

City-State-Zip: WESTON FL 33332-2100

Title ELEMENTARY GROUP

Name CALLAHAN, KELLIE

Address 7810 FARRAGUT ST

City-State-Zip: HOLLYWOOD FL 33024-2522

Title MIDDLE SCHOOL GROUP
COORDINATOR

Name BURBACH, TRISHA

Address 530 LAKESIDE CIRCLE

City-State-Zip: SUNRISE FL 33326

Title JUNIOR DRAMA LIASON AND SOCIAL
MEDIA SPECIALIST

Name PERROTTO, TERI

Address 9161 SW 55TH STREET

City-State-Zip: COOPER CITY FL 33328

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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: COLLEEN ORTEGA

TREASURER

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title HIGH SCHOOL GROUP COORDINATOR/SPECIAL
 EVENTS COORDINATOR
Name VILLANUEVA, LISSETTE
Address 496 SW 126TH AVE
City-State-Zip: DAVIE FL 33325-3438

Title SECRETARY
Name HOWELL, KIA
Address 3241 NW 15TH CT
City-State-Zip: LAUDERHILL FL 33311-4301

Title ELEMENTARY GROUP
Name ALEXANDRA, VAN GILS
Address 13249 NW 16 STREET
City-State-Zip: PEMBROKE PINES FL 33028-2731

Title ASST. TREASURER
Name FERNANDEZ, XIMENA
Address 761 NW 74 AVE
City-State-Zip: PLANTATION FL 33317-1033