FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:04

DOCUMENT # **747073** **(5)**

1. Corporation Name

NOVA LAW ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3305 COLLEGE AVENUE FT. LAUDERDALE FL 33314	3305 COLLEGE AVENUE FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1979
3a. Date of Last Report: 01/26/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BLEIWEISS, ALAN
C/O ALUMNI AFFS., SHEPARD BROAD LAW CTR
3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	BETENSKY, GARY S	1.2 NAME	Stallions, William
STREET ADDRESS	1815 GRIFFIN ROAD, #106	1.3 STREET ADDRESS	319 SE 14th Street
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	SD	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	KIRKILES, DEMETRIOS C	2.2 NAME	Epstein, Karen
STREET ADDRESS	200 S.E. 6TH ST., #200	2.3 STREET ADDRESS	One Financial Plaza, # 1600
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33394
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOYLE, BERNARD	3.2 NAME	
STREET ADDRESS	1 FINANCIAL PLAZA #1602	3.3 STREET ADDRESS	# 1600
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Director ☒ Change ☐ Addition
NAME	MOTLEY, SUSAN P	4.2 NAME	Peary, Diane
STREET ADDRESS	P. O. BOX 1900 N/A	4.3 STREET ADDRESS	2455 E. Sunrise Blvd # 905
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	PE	5.1 TITLE	President Elect ☒ Change ☐ Addition
NAME	CUMMINGS, MICHELE	5.2 NAME	Simmons, Stephen
STREET ADDRESS	2239 HOLLYWOOD BLVD.	5.3 STREET ADDRESS	One Financial Plaza, # 2602
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33394
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, FRANCES AVERY	6.2 NAME	
STREET ADDRESS	2734 E. OAKLAND PARK BLVD. STE 108	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5-17-95 305-524-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bernard T. Moyle, Treasurer

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