

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747073

1. Corporation Name

NOVA SOUTHEASTERN UNIVERSITY LAW ALUMNI ASSOCIATION, INC.

Principal Place of Business

3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314

Mailing Address

3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314

99 APR - 6 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		30		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WELCH, ELIZABETH A 3305 COLLEGE AVENUE FT. LAUDERDALE FL 33314				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	MOYLE, BERNARD T	12 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	
NAME	FINIZIO-BASCOMBE, JAMIE	22 NAME	
STREET ADDRESS	200 S.E. 9TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	PERRY, DIANE	32 NAME	
STREET ADDRESS	2455 SUNRISE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	
NAME	PINKIERT, ROBERT	42 NAME	
STREET ADDRESS	4601 SHERIDAN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	
NAME	GERSON, STEVE M	52 NAME	
STREET ADDRESS	1826 N. PINE ISLAND ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Jamie Bascombe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

(954) 767-6500

Daytime Phone #

0000650

CR2E037 (11/98)