

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **751557** (0)

1. Corporation Name

**NBL - ORLANDO, FLA. PARENTS COUNCIL ASSN., INC.**



Principal Place of Business

Mailing Address

C/O ARTURI E BEELER  
3511 PINE HILLS ROAD  
ORLANDO FL 32806-2836

C/O ARTURI E BEELER  
3511 PINE HILLS ROAD  
ORLANDO FL 32806-2836

3. Date Incorporated or Qualified  
**03/17/1980**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **C/O James A. Szasz**

26 **C/O James A. Szasz**

4. FEI Number  
**59-2890443**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **170 Glenwood Dr**

27 **170 Glenwood Dr**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 **Kissimmee, Florida.**

28 **Kissimmee, Florida**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State

City & State

Zip Country

Zip Country

24 **34743** 25 **U.S.A.**

29 **34743** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEELER, ARTHUR E.  
3511 PINE HILLS ROAD  
ORLANDO FL 32808

81 Name **James A. Szasz**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**170 Glenwood Dr.**  
83  
84 City **Kissimmee** FL 85 Zip Code **34743**

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 **James A. Szasz**

(NOTE: Registered Agent signature required when reinstating)

3-1-96

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE  
NAME **BEELER, TONI**  
STREET ADDRESS **3511 PINE HILLS RD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE  
NAME **BEELER, ARTHUR E.**  
STREET ADDRESS **3511 PINE HILLS RD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE  
NAME **HEROLD, TERI**  
STREET ADDRESS **4823 PINENEEDLE DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition  
1.2 NAME **SZASZ, Rebecca**  
1.3 STREET ADDRESS **170 Glenwood Dr**  
1.4 CITY-ST-ZIP **Kissimmee, FL 34743**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **SZASZ, James A**  
2.3 STREET ADDRESS **170 Glenwood Dr**  
2.4 CITY-ST-ZIP **Kissimmee, FL 34743**

3.1 TITLE **VD** ☒ Change ☐ Addition  
3.2 NAME **Beeler, Arthur E.**  
3.3 STREET ADDRESS **3511 Pine Hills Rd**  
3.4 CITY-ST-ZIP **Orlando, FL 32808**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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: **James A. Szasz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96  
Date

407-348-0774  
Daytime Phone

CR2E037 (12/95)