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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751557** (0)

1. Corporation Name

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



Principal Place of Business	Mailing Address
C/O JAMES A SZASZ 170 GLENWOOD DRIVE KISSIMMEE FL 34743 US	C/O JAMES A SZASZ 170 GLENWOOD DRIVE KISSIMMEE FL 34743 US

3. Date Incorporated or Qualified

03/17/1980

4. FEI Number

59-2890443

Applied For

Not Applicable

2. Principal Place of Business

21 231 E Lakeshore Blvd

Suite, Apt. #, etc.

22

City & State

23 Kissimmee, FL

Zip

24 34744

Country

25 US

2a. Mailing Address

26 231 E Lakeshore Blvd

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34744

Country

30 US

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SZASZ, JAMES A.
170 GLENWOOD DRIVE
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent

81 Name	SZASZ, James A
82 Street Address (P.O. Box Number is Not Acceptable)	231 E Lakeshore Blvd
83	
84 City	Kissimmee
85 Zip Code	FL 34744

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

JAMES A SZASZ
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **SZASZ, REBECCA**
CITY-ST-ZIP **170 GLENWOOD DRIVE**
KISSIMMEE FL

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **SZASZ, JAMES A.**
CITY-ST-ZIP **170 GLENWOOD DRIVE**
KISSIMMEE FL

TITLE ☒ DELETE

NAME **VD**
STREET ADDRESS **BEELER, ARTHUR E.**
CITY-ST-ZIP **3511 PINE HILLS ROAD**
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 ☐ Change ☒ Addition

1.2 NAME **VD**

1.3 STREET ADDRESS **Jolley, Larry**

1.4 CITY-ST-ZIP **654 Encino Way**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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.

SIGNATURE:

James A Szasz, President
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4.21.98**

Daytime Phone # **407.348.0774**

CR2E037 (10/97)