

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90173 017 ****70.00

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DOCUMENT # 751557

1. Corporation Name

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

Principal Place of Business

Mailing Address

231 E LAKSHORE BLVD.
KISSIMMEE FL 34744
US

231 E LAKSHORE BLVD.
KISSIMMEE FL 34744
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

3. Date Incorporated or Qualified

03/17/1980

4. FEI Number

59-2890443

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SZASZ, JAMES A.
231 E LAKSHORE BLVD.
KISSIMMEE FL 34744

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

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME **SZASZ, Rebecca**
1.3 STREET ADDRESS **231 E Lakeshore Blvd**
1.4 CITY-ST-ZIP **Kissimmee, FL 34744**

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

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **SZASZ, James A.**
2.3 STREET ADDRESS **231 E Lakeshore Blvd**
2.4 CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE **VD** ☒ DELETE
NAME **JOLLEY, LARRY**
STREET ADDRESS **654 ENCINO WAY**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **Russell, Charles**
3.3 STREET ADDRESS **810 HACKETT Court**
3.4 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Russell, Linda**
4.3 STREET ADDRESS **810 HACKETT Court**
4.4 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Rebecca J. Szasz

1-18-99

407-348-0774

CR2E037 (11/98)