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 APR 10 PM 12:28

DOCUMENT # **N46138** **(6)**

1. Corporation Name

NOVA HIGH SCHOOL BAND PARENTS ASSOCIATION, INCOR PORATED

Principal Place of Business	Mailing Address
3600 COLLEGE AVE. DAVIE FL 33314	3600 COLLEGE AVE. DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0312506 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

BIELLIK, CHANTAL
8302 SW 20TH STREET
N. LAUDERDALE FL 33068

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	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	O'FARRILL, MARLINE	1.2 NAME	
STREET ADDRESS	15130 WINDBLUFF STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, ILONA	2.2 NAME	
STREET ADDRESS	2140 SW 38 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HINZEY, DIANE	3.2 NAME	
STREET ADDRESS	4500 SW 1ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANATATION FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BIELLIK, CHANTAL	4.2 NAME	
STREET ADDRESS	8302 SW 20 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KLUTZ, MARIA	5.2 NAME	
STREET ADDRESS	749 NW 91ST TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	BIELLIK, JOHN	6.2 NAME	
STREET ADDRESS	8302 SW 20 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH 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: JACOB KALMOWICZ TRES. 4-5-95 954-4060
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #