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

APPROVED AND FILED
95 APR 26 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47876** **(0)**

1. Corporation Name
TARAVELLA DEBATE TEAM, INC.

Principal Place of Business	Mailing Address
10600 RIVERSIDE DR CORAL SPRINGS FL 33071	10600 RIVERSIDE DR CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0227289** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOLDMAN, BETH
10600 RIVERSIDE DR
CORAL SPRINGS FL 33071

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: Beth Goldman — Beth Goldman — 4/18/95
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	1.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	SANTORO, HELEN	1.2 NAME	DELETE	
STREET ADDRESS	11245 W. ATLANTIC BLVD.	1.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	DELETE	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, DAVID	2.2 NAME		
STREET ADDRESS	268 NEW 119TH DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, MERRILL	3.2 NAME		
STREET ADDRESS	8393 NW 19 CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T D	☒ Change ☐ Addition
NAME	HODES, JANE	4.2 NAME		
STREET ADDRESS	11137 NW 10TH PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	GLICKMAN, JEFFREY	5.2 NAME	DELETE	
STREET ADDRESS	1677 NW 91 AVE	5.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	DELETE	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: [signature] — 4/18/95 — 305 753 7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0940030