

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 # N95000005561 (4)

1. Corporation Name

**SOUTH FLORIDA CHAPTER OF THE NATIONAL ACADEMY OF
TELEVISION ARTS AND SCIENCES, INC.**



Principal Place of Business

Mailing Address

**3706 NORTH OCEAN BLVD., SUITE 111
FT. LAUDERDALE FL 33308**

**3706 NORTH OCEAN BLVD., SUITE 111
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

13-195-1979

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

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

**RICE, ARTHUR HALSEY ESQ.
848 BRICKELL AVE., SUITE 1100
MIAMI FL 33131**

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 ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

**P
ROBERT A. BEHRANS
3706 N. Ocean Blvd #111
FT. Lauderdale, FL 33308**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

**V/D
BERT MEDINA
WSVN, 1401 79th ST. CAUSEWAY
MIAMI, FL 33141**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

**V
DORIS T. DAVIDA
UNIVISION, 9405 NW 41st ST.
MIAMI, FL 33178**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

**S/D
DEBORAH PUTOL
6511 Southwest 122nd ST.
MIAMI, FL 33156**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

**T
ELIZABETH H. BEHRANS
3706 N. OCEAN BLVD #111
FT. LAUDERDALE, FL 33308**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

**D
CAROLYN CEPALO
5108 MAGGIORE ST.
CORAL GABLES, FL 33146**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

Date

568-1094

Daytime Phone #

CR2E037 (12/95)