

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # N97000000332 (3)

1. Corporation Name

NEBULA EDUCATIONAL ARTS AND CULTURAL OUTREACH, I
NC.



Principal Place of Business

Mailing Address

9897 NOB HILL LANE
SUNRISE FL 33351

9897 NOB HILL LANE
SUNRISE FL 33351

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 3640 NW 8th St.

2a. Mailing Address

26 P.O. Box 16081

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BLDG- R

27

City & State

City & State

23 FT. LAUDERDALE FL.

28 Plantation FL.

Zip

Country

Zip

Country

24 33311

25 Broward

29 33318

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALMOND, J SHERMAN
9897 NOB HILL LANE
SUNRISE FL 33351

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 D
NAME VALMOND, J. SHERMAN
STREET ADDRESS 9897 NOB HILL LANE
CITY-ST-ZIP SUNRISE FL 33351

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HILL, JAMES
STREET ADDRESS 450 NW 34TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33311

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME THOMAS, DR. HILROY
STREET ADDRESS P O BOX 16081 N/A
CITY-ST-ZIP PLANTATION FL 33318

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SPENCER, SHERNA G
STREET ADDRESS 5850 W OAKLAND PARK BLVD, SUITE 103
CITY-ST-ZIP LAUDERHILL FL 33313

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SCANLAN, MICHELE
STREET ADDRESS 9897 NOB HILL LANE
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE D
NAME O'BHAUGHNESSY, FATHER S
STREET ADDRESS 3640 NW 8TH ST
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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)(l), 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

Date

Daytime Phone #

JDS 8/11/98 JDS 8/11/98 7-6-98 (954) 581-6173

CR2E037 (5/98)