


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90177 007 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000000332</b>					
1. Corporation Name <b>NEBULA EDUCATIONAL ARTS AND CULTURAL OUTREACH, I NC.</b>					
Principal Place of Business <b>3640 N W 8TH ST          BLDG R          FT LAUDERDALE FL 33311          US</b>			Mailing Address <b>P O BOX 16081          PLANTATION FL 33318          US</b>		



2. Principal Place of Business <b>21 1862 N.W. 38th Avenue</b>		2a. Mailing Address <b>26 Suite, Apt: #, etc.</b>		3. Date Incorporated or Qualified <b>01/16/1997</b>	
<b>22 City &amp; State</b> <b>23 Fort Lauderdale, FL</b>		<b>27 City &amp; State</b> <b>28 Fort Lauderdale, FL</b>		4. FEI Number <b>APPLIED FOR 65-0738626</b>	
<b>24 Zip 33311</b>		<b>25 Country USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>29 Zip</b>		<b>30 Country</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>VALMOND, J SHERMAN          9897 NOB HILL LANE          SUNRISE FL 33351</b>				10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
--	--	--	--	--	--

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 <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALMOND, J. SHERMAN	1.2 NAME	Weinstein, Scott
STREET ADDRESS	9897 NOB HILL LANE	1.3 STREET ADDRESS	1065 94th Street, #106
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	Bay Harbor, FL 33154
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, JAMES	2.2 NAME	Hill, James
STREET ADDRESS	450 NW 34TH AVE	2.3 STREET ADDRESS	450 N.W. 34th Avenue
CITY-ST-ZIP	FT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, DR. HILROY	3.2 NAME	Rosenthal, Joni
STREET ADDRESS	P O BOX 16081 N/A	3.3 STREET ADDRESS	333 Sunset Drive, #202
CITY-ST-ZIP	PLANTATION FL 33318	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, SHERNA G	4.2 NAME	Socarras, Siuberto
STREET ADDRESS	5950 W OAKLAND PARK BLVD, SUITE 103	4.3 STREET ADDRESS	808 Crestview Circle
CITY-ST-ZIP	LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33327
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCANLAN, MICHELE	5.2 NAME	George, Dexter
STREET ADDRESS	9897 NOB HILL LANE	5.3 STREET ADDRESS	2339 N.W. 108th Terrace
CITY-ST-ZIP	SUNRISE FL 33351	5.4 CITY-ST-ZIP	Sunrise, FL 33322
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SHAUGHNESSY, FATHER S	6.2 NAME	Sutherland, Anthea
STREET ADDRESS	3640 NW 8TH ST	6.3 STREET ADDRESS	8500 S.W. 133rd Ave. Rd. #315
CITY-ST-ZIP	FT LAUDERDALE FL 33311	6.4 CITY-ST-ZIP	Miami, FL 33183

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:** J. Sherman Valmond **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1999 (954) 733-4664

Date

Daytime Phone #

CR2E037-(11/98)