

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002460

FILED
Jan 11, 2009
Secretary of State

Entity Name: BROWARD COUNTY HOMESCHOOL PARENT SUPPORT GROUP, INC.

Current Principal Place of Business:

9241 NW 24 COURT
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

9241 NW 24 COURT
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 65-0754631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIFELSKI, KELLY
9241 NW 24 COURT
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARD, LINDA
Address: 2231 NW 87TH TER
City-St-Zip: HOLLYWOOD, FL 33024

Title: PD () Delete
Name: FIFELSKI, KELLY
Address: 9241 NW 24 CT.
City-St-Zip: SUNRISE, FL 33322

Title: T () Delete
Name: ZERO, DEEDEE
Address: 5501 SW 196 LANE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VD () Delete
Name: SODERGREN, BRENDA
Address: 4180 SW 70 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: SD () Delete
Name: HINTZE, LINDA
Address: 1754 NW 38TH ST
City-St-Zip: OAKLAND PARK, FL 33309

Title: D () Delete
Name: MITCHELL, LORRAINE
Address: 11157 NW 68 PLACE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEEDEE ZERO

T

01/11/2009

Electronic Signature of Signing Officer or Director

Date