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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

613413 - 90005 - 11

DOCUMENT # N98000004007

1. Corporation Name
NORTH LAUDERDALE ACADEMY HIGH SCHOOL PTSO, INC.

Principal Place of Business
955-71 SW 71ST AVENUE
NORTH LAUDERDALE FL 33068

Mailing Address
955-71 SW 71ST AVENUE
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Incorporated or Qualified
07/09/1998

4. FEI Number
65-0848904
☐ 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

9. Name and Address of Current Registered Agent

GREENBERG, JOEL E
2806 N. UNIVERSITY DRIVE
SUNRISE FL 33322

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

1. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
ME	~~BOEHM, THOMAS J JR.~~	1.2 NAME	Thomas Boehm JR
REET ADDRESS	~~6844 BOULEVARD OF CHAMPIONS~~	1.3 STREET ADDRESS	6344 Boulevard of Champions
Y-ST-ZIP	~~NORTH LAUDERDALE FL 33068~~	1.4 CITY-ST-ZIP	North Lauderdale, Fl 33068
LE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
ME	~~MORAN, MARGARET~~	2.2 NAME	
REET ADDRESS	~~955-71 SW 71ST AVENUE~~	2.3 STREET ADDRESS	
Y-ST-ZIP	~~NORTH LAUDERDALE FL 33068~~	2.4 CITY-ST-ZIP	
LE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	~~KEGSLER, MARVIN~~	3.2 NAME	
REET ADDRESS	~~955-71 SW 71ST AVENUE~~	3.3 STREET ADDRESS	
Y-ST-ZIP	~~NORTH LAUDERDALE FL 33068~~	3.4 CITY-ST-ZIP	
LE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME	Ellen Bees	4.2 NAME	
REET ADDRESS	404 SW 95 Avenue	4.3 STREET ADDRESS	
Y-ST-ZIP	North Lauderdale, Fl 33068	4.4 CITY-ST-ZIP	
LE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME	Sylvia Moore	5.2 NAME	
REET ADDRESS	1348 Avon Lane #8-36	5.3 STREET ADDRESS	
Y-ST-ZIP	North Lauderdale, Fl 33068	5.4 CITY-ST-ZIP	
LE	S ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME	Debbie Hill	6.2 NAME	
REET ADDRESS	403 SW 65 AV	6.3 STREET ADDRESS	
Y-ST-ZIP	Margate, Fl 33068	6.4 CITY-ST-ZIP	

CR2E037 (5/99)

1. 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: Ellen P. Bees 9-2-99 954-587-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #