2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2016
Secretary of State
CC8461768495

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Entity Name: NOVA TECHNOLOGY AND ENGINEERING BOOSTER CLUB, INC.

Current Principal Place of Business:

8250 NW 11 ST.
PEMBROKE PINES, FL 33024

Current Mailing Address:

8250 NW 11 ST.
PEMBROKE PINES, FL 33024 US

FEI Number: 45-5291264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVENSON, BONNIE
8250 NW 11 ST.
PEMBROKE PINES, FL 33024 US

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: HEDI GADELRAB 04/19/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	HANDLER, ADAM
Address	3600 COLLEGE AVENUE
City-State-Zip:	DAVIE FL 33314

Title	DIRECTOR
Name	CLARK-MC CLENDON, BVONNE PH,D
Address	16469 NW 12 ST.
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	MEHAFFE, KATHRYN
Address	1161 NW 107 AVE
City-State-Zip:	PLANTATION FL 33322

Title	DIRECTOR
Name	WOLFE, MARIA
Address	1130 SE 9TH AVE
City-State-Zip:	POMPANO BEACH FL 33060

Title	P
Name	STEVENSON, BONNIE
Address	8250 NW 11 ST
City-State-Zip:	PEMBROKE PINES FL 33024

Title	TREASURER
Name	O'HARA, KATHLEEN
Address	760 AZALEA CT.
City-State-Zip:	PLANTATION FL 33317

Title	DIRECTOR
Name	SHREVES, CAROLL
Address	2175 NOVA VILLAGE DR
City-State-Zip:	DAVIE FL 33317

Title	S
Name	MUIR, AMANDA
Address	1031 SW 32ND STREET
City-State-Zip:	FT. LAUDERDALE FL 33315

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I hereby 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 all other like empowered.

SIGNATURE: BONNIE L. STEVENSON PRESIDENT 04/19/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WHITE, PATRICIA
Address	6441 NW 52ND CT
City-State-Zip:	LAUDERHILL FL 33319