

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:28

DOCUMENT # 718155 (5)

1. Corporation Name
TYRONE ELEMENTARY PARENT TEACHERS ASSOCIATION, I NC.

Principal Place of Business Mailing Address
2401 66TH ST NO 2401 66TH ST NO
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1970 3a. Date of Last Report 02/21/1994
4. FEI Number 59-2836719 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

LOTT, JAMES
2401 66TH ST N
ST. PETERSBURG FL 37710

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUPPEL, DOUG
STREET ADDRESS	6301-26TH AVE N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	ROUISSE, JOHN
STREET ADDRESS	8265-27TH AVE N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	S
NAME	LAVALLE, LEE
STREET ADDRESS	8236-28TH AVE N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	BRANDT, CAROL
STREET ADDRESS	3718 32ND AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VIGNOUL, JOAN E.	
1.3 STREET ADDRESS	6285 - 67th LANE N	
1.4 CITY - ST - ZIP	PINELLAS PARK, FL 34665	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VARNER, MARY BETH	
2.3 STREET ADDRESS	8109 - 36th AVE N	
2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAIRE, BARBARA	
3.3 STREET ADDRESS	6027 - 21st AVE N	
3.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33710	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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: *Carol L. Brandt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL L. BRANDT, PTA TREASURER

2/7/95
02-07-95

(813) 893-2135