

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **718155** (5)  
1. Corporation Name  
**TYRONE ELEMENTARY PARENT TEACHERS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **04/07/1970**  
3a. Date of Last Report: **02/14/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2836719</b>	Applied For				
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LOTT, JAMES 2401 66TH ST N ST. PETERSBURG FL 37710</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VIGNOUL, JOAN E		1.2 NAME	Jim Schreiber			
STREET ADDRESS	6285-67TH LANE N		1.3 STREET ADDRESS	6360 24 <sup>th</sup> Ave. N.			
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	St. Pete FL - 33710			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VARNER, MARY BETH		2.2 NAME	Beth Spencer			
STREET ADDRESS	8109-36TH AVE N		2.3 STREET ADDRESS	5340 5th AVE. South			
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	St Pete, Fl. 33707			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAIRE, BARBARA		3.2 NAME	Dianne Roth			
STREET ADDRESS	6027-21ST AVE N		3.3 STREET ADDRESS	6231 8th Ave No.			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	St. Petersburg, Fla 33710			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRANDT, CAROL		4.2 NAME	Renee Hall			
STREET ADDRESS	3716 32ND AVE N		4.3 STREET ADDRESS	5059 112th St. N.			
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	St. Petersburg, FL 33708			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	500001746605			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-03/18/96--01040--016			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	***61.25	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 119.07(3)(k), 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: \_\_\_\_\_ DATE: **2-6-96** (813) 893-9329

CR2E037 (12/95)