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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-2836719  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-2d) details including Suite, Apt. #, etc., City & State, Zip, and 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 (81-85) details including Name, Street Address, City, and Zip Code.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President - O
NAME	SCHREIBER, JIM	1.2 NAME	Michele Kochanik
STREET ADDRESS	6360 24TH AVE N	1.3 STREET ADDRESS	5400 36th Ave. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33710	1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	VD	2.1 TITLE	V.P. - O
NAME	MICHELE KOCHANIK	2.2 NAME	Dorothy Buckshaw
STREET ADDRESS	5400 36TH AVE N.	2.3 STREET ADDRESS	6514 6th Ave. N.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	VD	3.1 TITLE	V.P. - O
NAME	BETH SPENCER	3.2 NAME	Ted Anderson
STREET ADDRESS	5340 5TH AVE. S.	3.3 STREET ADDRESS	1230 38th Ave. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	VD	4.1 TITLE	V.P. - O
NAME	JONI ALBERS	4.2 NAME	Dina Nelson
STREET ADDRESS	5099 26TH AVE. N.	4.3 STREET ADDRESS	9821 50th Ave. N.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33708
TITLE	S	5.1 TITLE	Sec - S
NAME	DIANNE ROTH	5.2 NAME	Kim Penman
STREET ADDRESS	6231 8TH AVE. N.	5.3 STREET ADDRESS	6486 28th Ave. N.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	TD	6.1 TITLE	
NAME	LEE FULMER	6.2 NAME	
STREET ADDRESS	1801 OXFORD ST. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 02/06/98

CR2E037 (10/97)