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FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732899 (0)

1. Corporation Name

MASCOTTE ELEMENTARY PARENT-TEACHER ORGANIZATION,  
INC.

Principal Place of Business

Mailing Address

513 ALBROOK STREET  
MASCOTTE FL 34753513 ALBROOK STREET  
MASCOTTE FL 34753-9412

3. Date Incorporated or Qualified

05/30/1975

3a. Date of Last Report

12/16/1996

4. FEI Number

03-0000922

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip Country

Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYDZEWSKI, CHERYL  
218 AMERICAN LEGION RD.  
MASCOTTE FL 34753

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME RYDZWSKI, CHERYL  
STREET ADDRESS 218 AMERICAN LEGION RD.  
CITY-ST-ZIP MASCOTTE FL 3475311 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME KUYKENDALL, BECKY  
STREET ADDRESS 445 FOUR SEASONS AVENUE  
CITY-ST-ZIP MASCOTTE FL 3475321 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME BOOTH, SHIRLEY  
STREET ADDRESS 3727 LAZY LANE  
CITY-ST-ZIP GROVELAND FL 3473631 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME CRAWFORD, CATRINA  
STREET ADDRESS 13831 MASCOTTE EMPIRE RD.  
CITY-ST-ZIP GROVELAND FL 3473641 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Cheryl Rydzewski  
Cheryl Rydzewski: 3-1997 429-2574  
352

CR2E037 (9/96)