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Jan 27 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 # **732899** **(0)**

1. Corporation Name

MASCOTTE ELEMENTARY PARENT-TEACHER ORGANIZATION, INC.

Principal Place of Business	Mailing Address
513 ALBROOK STREET MASCOTTE FL 34753	513 ALBROOK STREET MASCOTTE FL 34753

3. Date Incorporated or Qualified: 05/30/1975

4. FEI Number: 03-0000922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

RYDZEWSKI, CHERYL
218 AMERICAN LEGION RD.
MASCOTTE FL 34753

10. Name and Address of New Registered Agent

81 Name: Sherry Y. Witherill
82 Street Address (P.O. Box Number is Not Acceptable): 13940 Chatham Rd
83
84 City: Groveland **FL** 85 Zip Code: 34736

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: Sherry Y. Witherill 1/20/98
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	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	RYDZWSKI, CHERYL		1.2 NAME	Sherry Y. Witherill	
STREET ADDRESS	218 AMERICAN LEGION RD.		1.3 STREET ADDRESS	13940 Chatham Rd	
CITY-ST-ZIP	MASCOTTE FL 34753		1.4 CITY-ST-ZIP	Groveland Fl 34736	
TITLE	VD	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	KUYKENDALL, BECKY		2.2 NAME	Vanessa Hovater	
STREET ADDRESS	445 FOUR SEASONS AVENUE		2.3 STREET ADDRESS	608 Park Rd	
CITY-ST-ZIP	MASCOTTE FL 34753		2.4 CITY-ST-ZIP	Mascotte Fl	
TITLE	TD	☑ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	BOOTH, SHIRLEY		3.2 NAME	Maria Strawbridge	
STREET ADDRESS	3727 LAZY LANE		3.3 STREET ADDRESS	4235 Underpass Rd	
CITY-ST-ZIP	GROVELAND FL 34736		3.4 CITY-ST-ZIP	Mascotte Fl 34753	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, CATRINA		4.2 NAME		
STREET ADDRESS	13831 MASCOTTE EMPIRE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL 34736		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry Y. Witherill **REQUIRED** 1/20/98 352-429-9876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #