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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

373263-90052-38

DOCUMENT # 732899

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/30/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 03-0000922 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WITHERILL SHERRY Y
13940 CHATHAM RD
GROVELAND FL 34738

10. Name and Address of New Registered Agent

81 Name: Jennifer Kemp
82 Street Address (P.O. Box Number is Not Acceptable): 3940 AG 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: PD DATE: 3-25-99
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD D	☐ Change ☒ Addition
NAME	WITHERILL SHERRY Y		1.2 NAME	Jennifer Kemp	
STREET ADDRESS	13940 HATHAM RD		1.3 STREET ADDRESS	3940 Ag Rd	
CITY-ST-ZIP	GROVELAND FL 34736		1.4 CITY-ST-ZIP	Groveland, FL 34736	
TITLE	VP	☐ DELETE	2.1 TITLE	VP D	☐ Change ☒ Addition
NAME	VANESSA HOVATER		2.2 NAME	Shannon Anderson	
STREET ADDRESS	608 PARK RD		2.3 STREET ADDRESS	60 Bay Lane	
CITY-ST-ZIP	MASCOTTE FL 34753		2.4 CITY-ST-ZIP	Mascotte, FL 34753	
TITLE	TD	☐ DELETE	3.1 TITLE	TD D	☐ Change ☒ Addition
NAME	STREWBRIDGE MARIA		3.2 NAME	Cheryl Rydzeski	
STREET ADDRESS	4235 UNDERPASS RD		3.3 STREET ADDRESS	P.O. Box 218 218 American Legion Rd.	
CITY-ST-ZIP	MASCOTTE FL 34753		3.4 CITY-ST-ZIP	Mascotte, FL 34753	
TITLE	S	☐ DELETE	4.1 TITLE	S D	☒ Change ☐ Addition
NAME	CRAWFORD, CATRINA		4.2 NAME	Katrina Crawford	
STREET ADDRESS	13831 MASCOTTE EMPIRE RD.		4.3 STREET ADDRESS	13831 Mascotte Empire Rd	
CITY-ST-ZIP	GROVELAND FL 34736		4.4 CITY-ST-ZIP	Groveland, FL 34736	
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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PD 3-25-99 352-429-3657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

- CR2E037 (11/98)