

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765563 (2)
1. Corporation Name

OCEAN BREEZE ELEMENTARY SCHOOL PARENT TEACHERS ORGANIZATION, INC.



Principal Place of Business Mailing Address
% 1101 CHEYENNE DR INDIAN HARBOUR BCH FL 32937

3. Date Incorporated or Qualified **10/26/1982** 3a. Date of Last Report **08/18/1995**
4. FEI Number **59-2311658** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, GLENN
798 NASSAU RD
COCOA BEACH FL 32931**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MCINTYRE, SUE	
STREET ADDRESS	207 EMERALD DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUDINO, JOANN	
STREET ADDRESS	217 ATLANTIC BLVD.	
CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JANSSEN, BARBARA	
STREET ADDRESS	440 ALBATROSS DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCALLEY, SHERRY	
STREET ADDRESS	125 LANDSING ISLAND	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ARNOLD, GLENN	
STREET ADDRESS	798 NASSAU RD	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BREYER, SHEILA	
1.3 STREET ADDRESS	340 SOUTH 11TH STREET	
1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARL, LAURIE	
3.3 STREET ADDRESS	314 SALIDA DRIVE	
3.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Sheila Breyer* **SHEILA BREYER** **4-12-96** **(407) 783-3324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)