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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 769447 (4)

1. Corporation Name

SEA PARK ELEMENTARY SCHOOL PARENTS COMMITTEE, IN C.



Principal Place of Business

Mailing Address

300 SEA PARK BLVD.
SATELLITE BEACH FL 32937

300 SEA PARK BLVD.
SATELLITE BEACH FL 32937-2118

3. Date Incorporated or Qualified
07/19/1983

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2109661

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICHARD, BARRY K.
412 WARD RD SW
PALM BAY FL 32908

81 Name Dr. Joseph F. O'Brien

82 Street Address (P.O. Box Number is Not Acceptable)

83 140 Satellite Avenue

84 City Satellite Beach FL 85 Zip Code 32937

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

Dr. Joseph F. O'Brien DR. JOSEPH F. O'BRIEN

1-24-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MONOHAN, BERNADETTE	
STREET ADDRESS	416 RED SAIL WAY	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	AITKEN, BRENDA	
STREET ADDRESS	380 BERKLY ST	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRICKWEH, ALEXA	
STREET ADDRESS	156 HEDGE GROVE AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SNYDER, JAYNA	
STREET ADDRESS	112 HEDGE GROVE AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Aitken, Brenda	
1.3 STREET ADDRESS	380 Berkley Street	
1.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lynn Saxonmeyer	
2.3 STREET ADDRESS	204 NE 1st Court	
2.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sue Anderson	
3.3 STREET ADDRESS	540 Pelican Dr.	
3.4 CITY-ST-ZIP	Satellite Bch, FL 32937	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Valerie MacDowell	
4.3 STREET ADDRESS	105 Hedgegrove Avenue	
4.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
5.1 TITLE	V.P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Debbie Dooley	
5.3 STREET ADDRESS	431 3rd Ave	
5.4 CITY-ST-ZIP	Satellite Bch 71 32937	
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 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:

Valerie MacDowell VALERIE MACDOWELL

2-8-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018734

CR2E037 (9/96)