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Secretary of State

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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 769447

1. Corporation Name

SEA PARK ELEMENTARY SCHOOL PARENTS COMMITTEE, IN C.

Principal Place of Business
**300 SEA PARK BLVD.
 SATELLITE BEACH FL 32937**

Mailing Address
**300 SEA PARK BLVD.
 SATELLITE BEACH FL 32937**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/19/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2109661	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		25	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DR JOSEPH F O'BRIEN 140 SATELLITE AVE SATELLITE BCH FL 32937				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AITKEN, BRENDA			1.2 NAME	Jayna Snyder		
STREET ADDRESS	380 BERKLEY ST			1.3 STREET ADDRESS	112 Hedgrocove Ave		
CITY-ST-ZIP	SATELLITE BEACH FL			1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOOLFOLK, EMILY			2.2 NAME	VICKI EDWARDS		
STREET ADDRESS	305 LEE AVE			2.3 STREET ADDRESS	300 SEA PARK BLVD		
CITY-ST-ZIP	SATELLITE BEACH FL 32937			2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEDMON, STEPHANIE L			3.2 NAME			
STREET ADDRESS	2767 MAJESTIC AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32934			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANUEL, BARBARA			4.2 NAME	Terri Harmon		
STREET ADDRESS	456 PORT ROYAL BLVD			4.3 STREET ADDRESS	60-A Washington St.		
CITY-ST-ZIP	SATELLITE BEACH FL 32738			4.4 CITY-ST-ZIP	SATELLITE Bch, FL 32937		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROHR, SYBIL			5.2 NAME	Rhonda Davis		
STREET ADDRESS	477 ST LUCIA CT			5.3 STREET ADDRESS	340 Pelican Drive		
CITY-ST-ZIP	SATELLITE BCH FL 32937			5.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(l), 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: _____ DATE: 1/15/99 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)