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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90079 018 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 769447**

1. Corporation Name

**SEA PARK ELEMENTARY SCHOOL PARENTS COMMITTEE, INC.**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

**07/19/1983**

4. FEI Number

**59-2109661**

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

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**

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

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

NAME **AITKEN, BRENDA**  
STREET ADDRESS **380 BERKLEY ST**  
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **VPD** ☒ DELETE

NAME **WOOLFOLK, EMILY**  
STREET ADDRESS **305 LEE AVE**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **VPD** ☒ DELETE

NAME **DEDMON, STEPHANIE L**  
STREET ADDRESS **2767 MAJESTIC AVE**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **T** ☒ DELETE

NAME **MANUEL, BARBARA**  
STREET ADDRESS **456 PORT ROYAL BLVD**  
CITY-ST-ZIP **SATELLITE BEACH FL 32738**

TITLE **T** ☒ DELETE

NAME **ROHR, SYBIL**  
STREET ADDRESS **477 ST LUCIA CT**  
CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PD Jayna Snyder** ☐ Change ☒ Addition

**112 Hedgegrove Ave  
Satellite Beach, FL 32937**

**VPD VICKI EDWARDS** ☐ Change ☒ Addition

**300 SEA PARK BLVD  
SATELLITE BEACH, FL 32937**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**T Terri Harmon** ☐ Change ☒ Addition

**60-A Washington St.  
Satellite Bch, FL 32937**

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/15/99**

CR2E037 (11/98)