

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N10338 (4)**

1. Corporation Name
IDA M. STEWART ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.



Principal Place of Business: **7905 15TH AVENUE N.W. BRADENTON FL 34209**
 Mailing Address: **7905 15TH AVENUE N.W. BRADENTON FL 34209**

3. Date Incorporated or Qualified: **07/19/1985**
 3a. Date of Last Report: **02/20/1995**
 4. FEI Number: **59-1309239**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$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: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
WAILAND, THOMAS
1908 49TH ST. W.
BRADENTON FL 34209

10. Name and Address of New Registered Agent
81 Name: Sexton Jackie
82 Street Address (P.O. Box Number is Not Acceptable): 7904-25th Ave. West
83
84 City: Bradenton FL 85 Zip Code: 34209

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: *Jackie L. Sexton (Jackie L. Sexton)* DATE: **8-5-96**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETRILLO, TONIANN	
STREET ADDRESS	1209 89TH STREET NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHALEY, SUE	
STREET ADDRESS	1203 62 STREET NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAILAND, THOMAS	
STREET ADDRESS	1908 49TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SRD	<input checked="" type="checkbox"/> DELETE
NAME	BARRESE, JOAN	
STREET ADDRESS	8311 12TH AVE NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SISK, ANN	
STREET ADDRESS	1215 62ND STREET NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JUNGMAN, DONNA	
STREET ADDRESS	1112 79TH STREET NW	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAUST, NANCY E.	
1.3 STREET ADDRESS	7504 17MAVE NW	
1.4 CITY-ST-ZIP	BRADENTON FL 34209	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PEARCE, KERRI	
2.3 STREET ADDRESS	10010 KINGFISHER RD.	
2.4 CITY-ST-ZIP	BRADENTON FL 34209	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEXTON, JACKIE	
3.3 STREET ADDRESS	7904-25th Ave. West	
3.4 CITY-ST-ZIP	BRADENTON FL 34209	
4.1 TITLE	SRD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FAILLACE, MEGG	
4.3 STREET ADDRESS	1115 79 STREET NW	
4.4 CITY-ST-ZIP	BRADENTON FL 34209	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EDWARDS, JEANETTE	
5.3 STREET ADDRESS	9904 SPOONBILL RD	
5.4 CITY-ST-ZIP	BRADENTON FL 34209	
6.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HASTY, DEBRA DEBORAH	
6.3 STREET ADDRESS	7811 15th Ave NW	
6.4 CITY-ST-ZIP	BRADENTON FL 34209	

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: *Nancy E. Maust* *Nancy E. Maust* DATE: **7/22/96** PHONE: **941-794-8440**

CR2E037 (3/96)