

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34209-9757
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3. Date Incorporated or Qualified 07/19/1985	3a. Date of Last Report 06/14/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1309239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **JACKIE L. SEXTON**
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, Principal DATE **1-13-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAUST, NANCY E.	
STREET ADDRESS	7504 17TH AVE NW	
CITY - ST - ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEARCE, KERRI	
STREET ADDRESS	10016 KINGFISHER RD	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEXTON, JACKIE	
STREET ADDRESS	7904 - 25TH AVE. WEST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	SRD	<input type="checkbox"/> DELETE
NAME	FAILAC, MEGG	
STREET ADDRESS	1115 79 STREET NW	
CITY - ST - ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EDWARDS, JEANETTE	
STREET ADDRESS	9904 SPOONBILL RD	
CITY - ST - ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HASTY, DEBORAH	
STREET ADDRESS	7811 15TH AVE NW	
CITY - ST - ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Nancy E. Maust, President* 1-30-97
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0051974

CR2E037 (9/96)