

FILE NOW: FILING FEE IS \$61.25

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**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 07/19/1985	
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	
7. Is this nonprofit corporation a homeowners Association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SEXTON, JACKIE L
7904 - 25TH AVE WEST
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ 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 #2	
TITLE	PD	1.1 TITLE	PD
NAME	MAUST, NANCY E.	1.2 NAME	Vicki Shannon
STREET ADDRESS	7504 17TH AVE NW	1.3 STREET ADDRESS	7907 17th Ave. N.W.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	VD	2.1 TITLE	VD
NAME	PEARCE, KERRI	2.2 NAME	Michele Hogan
STREET ADDRESS	10016 KINGFISHER RD	2.3 STREET ADDRESS	119 97th St N.W.
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton, FL
TITLE	D	3.1 TITLE	
NAME	SEXTON, JACKIE	3.2 NAME	
STREET ADDRESS	7904 - 25TH AVE. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	SRD	4.1 TITLE	
NAME	FAILLAC, MEGG	4.2 NAME	
STREET ADDRESS	1115 79 STREET NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	TD
NAME	EDWARDS, JEANETTE	5.2 NAME	Patti Spicochi
STREET ADDRESS	9904 SPOONBILL RD	5.3 STREET ADDRESS	1003 78th Street N.W.
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	SD	6.1 TITLE	
NAME	HASTY, DEBORAH	6.2 NAME	
STREET ADDRESS	7811 15TH AVE NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *Patti Spicochi* Patti Spicochi 2-11-98 (941) 741-3176

CR2E037 (10/97)