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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10338

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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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	3. Date Incorporated or Qualified 07/19/1985	4. FEI Number 59-1309239	Applied For 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	

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	85 Zip Code
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VICKI SHANNON	
STREET ADDRESS	7907 17TH AVE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MICHELE HOGAN	
STREET ADDRESS	1119 91ST ST NW	
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 checked="" type="checkbox"/> DELETE
NAME	FAILLAC, MEGG	
STREET ADDRESS	1115 79 STREET NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATTI SPICOCHI	
STREET ADDRESS	1003 78TH ST NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michele Hogan
1.3 STREET ADDRESS	1119 91st St NW
1.4 CITY-ST-ZIP	Bradenton, FL 34209
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lori Paquin
2.3 STREET ADDRESS	1302 83rd St NW
2.4 CITY-ST-ZIP	Bradenton, FL 34209
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 checked="" type="checkbox"/> Addition
4.2 NAME	SR Ellen Parker
4.3 STREET ADDRESS	1004 82nd St NW
4.4 CITY-ST-ZIP	Bradenton, FL 34209
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 checked="" type="checkbox"/> Addition
6.2 NAME	S Paula Keegon-Bock
6.3 STREET ADDRESS	1311 84th St NW
6.4 CITY-ST-ZIP	Bradenton, FL 34209

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: Michele Hogan **REQUIRED** Date: 1/13/99 Daytime Phone #: 941-795-4190

CR2E037 (1/98)