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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N46323 (4)

1. Corporation Name

PARENTS INVOLVED IN EDUCATION, INC.



Principal Place of Business

Mailing Address

MIDDLE SCHOOL 7  
VERO BEACH FL 32967  
US

2556 44TH STREET  
VERO BEACH FL 32967-1348  
US

3. Date Incorporated or Qualified  
12/02/1991

3a. Date of Last Report  
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3146886

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, PEARL  
2556 44 ST  
VERO BEACH FL 32967

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 D  DELETE

NAME JACKSON, PEARL  
STREET ADDRESS 2556 44TH ST.  
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE  Change  Addition

TITLE D  DELETE

NAME PHINEZEE, WILLIE M  
STREET ADDRESS 4805 35TH AVE.  
CITY-ST-ZIP VERO BEACH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D  DELETE

NAME WILLIAMS, BERTHA L  
STREET ADDRESS 4248 31ST AVE.  
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D  DELETE

NAME POWELL, ANNIE L  
STREET ADDRESS 4808 30TH AVE.  
CITY-ST-ZIP VERO BEACH FL

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D  DELETE

NAME BUCKNER, LUCILLE  
STREET ADDRESS 4355 34TH CT.  
CITY-ST-ZIP VERO BEACH FL

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D  DELETE

NAME PINKNEY, RACHEL  
STREET ADDRESS 2820 41ST ST.  
CITY-ST-ZIP VERO BEACH FL

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002186032

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\*\*\*70.00

5/9/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 87, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020067

CR2E037 (9/96)