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Apr 23, 1999 8:00 am  
Secretary of State

0021690

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

04-23-1999 90153 019 \*\*\*\*61.25

DOCUMENT # N46323

1. Corporation Name  
PARENTS INVOLVED IN EDUCATION, INC.

Principal Place of Business  
MIDDLE SCHOOL 7  
VERO BEACH FL 32967  
US

Mailing Address  
2556 44TH STREET  
VERO BEACH FL 32967  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3146886	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30	Country		

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: *Pearl Jackson* (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D JACKSON, PEARL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2556 44TH ST.	1.2 NAME	
STREET ADDRESS	VERO BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PHINEZEE, WILLIE M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4805 35TH AVE.	2.2 NAME	
STREET ADDRESS	VERO BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, BERTHA L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4246 31ST AVE.	3.2 NAME	
STREET ADDRESS	VERO BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D POWELL, ANNIE L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4606 30TH AVE.	4.2 NAME	
STREET ADDRESS	VERO BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BUCKNER, LUCILLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4355 34TH CT.	5.2 NAME	
STREET ADDRESS	VERO BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PINKNEY, RACHEL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2820 41ST ST.	6.2 NAME	
STREET ADDRESS	VERO BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: SIGNATURE REQUIRED *Pearl Jackson* 4/22/99 (561)569-1030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)