

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000004759 (5)**

1. Corporation Name

MCKEEL ACADEMY PARENT TEACHERS ORGANIZATION, INC



Principal Place of Business

Mailing Address

1810 WEST PARKER STREET
LAKELAND FL 33801

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LAKELAND FL 33801

3. Date Incorporated or Qualified: **10/02/1995**
3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

4. FEI Number	Applied For
59-3339327	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 type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCFARLANE, PETER A ESQ.
5015 SOUTH FLORIDA AVE., SUITE 215
LAKELAND FL 33813

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

Signature, typed or printed name of registered agent or individual applicant (NOTE: Registered Agent signature required when not changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96
TITLE	PD WHITEHEAD, MICHELLE 5632 DAVIS ROAD LAKELAND FL 33809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD MATHERS, DEBBIE 3423 GREENVIEW DRIVE LAKELAND FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD HOLMES, KENNA 3123 BUCKINGHAM AVE. LAKELAND FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD ADDIS, PAT 255 GLENRIDGE LOOP SOUTH LAKELAND FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MAREADY, HAROLD 1810 WEST PARKER STREET LAKELAND FL 33801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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Joyce Collins
Treasurer
4414 Selkirk Ln
Lakeland, FL 33813

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kenna P Holmes* KENNA P HOLMES, SECRETARY 3/8/96 941-499-2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
564-6-96

CR2E037 (12/95)