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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001026

1. Corporation Name
THE PALM BEACH COUNTY MIDDLE SCHOOL OF THE ARTS PTO, INC.

Principal Place of Business	Mailing Address
3701 NORTHSHORE DR. WEST PALM BEACH FL 33407	3701 NORTHSHORE DR. WEST PALM BEACH FL 33407

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

3. Date Incorporated or Qualified: 02/20/1998
4. FEI Number: 65-0828975 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

OSTROWSKY, AMELIA
3701 NORTHSHORE DR.
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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: Sandra A. Phipps Treas. DATE: 4/29/99
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 12		
TITLE	T	☒ DELETE	1.1 TITLE	~~T~~ Pres.	☒ Change ☒ Addition
NAME	GARRETT, MARYANN M		1.2 NAME	Sandra A. Phipps	
STREET ADDRESS	3701 NORTHSHORE DR.		1.3 STREET ADDRESS	3701 Northshore Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		☐ DELETE	2.1 TITLE	T Stacey Fontes V. Pres.	☐ Change ☒ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	3701 Northshore Dr.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	WestPalm Beach, FL 33407	
TITLE		☐ DELETE	3.1 TITLE	T Lorraine Westbury Sec.	☐ Change ☒ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	3701 Northshore Dr.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		☐ DELETE	4.1 TITLE	T Treas.	☐ Change ☒ Addition
NAME			4.2 NAME	Nancy Stainback	
STREET ADDRESS			4.3 STREET ADDRESS	3701 Northshore Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 Sandra A. Phipps 4/28/99 561-882-3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #