FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36797 (1)

1. Corporation Name

DEER PARK ELEMENTARY P.T.O., INC.

300001478433
-05/08/95--01029--008
DO NOT WRITE IN THIS SPACE
******61.25 ******61.25

Principal Place of Business	Mailing Address
% VINCE SCHELL 8636 TROUBLE CREEK RD NEW PORT RICHEY FL 34653-7012	% VINCE SCHELL 8636 TROUBLE CREEK RD NEW PORT RICHEY FL 34653-7012

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-6000792 ☐ Applied For ☐ Not Applicable

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)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHELL, VINCE
5521 REDHAWK DR.
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name: SHEAWN BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 4735 MILL RUN DRIVE
83
84 City: NEW PORT RICHEY 85 FL 86 Zip Code: 34653

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sheawn K. Brown, SHEAWN K. BROWN, PTO TREASURER 1MAR95
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	HARRIS, SANDY	12 NAME	VINCE SCHELL	
STREET ADDRESS	8960 FAIRCHILD CT	13 STREET ADDRESS	5521 REDHAWK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	PD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SCHELL, VINCE	22 NAME	ANN MARIE NECE	
STREET ADDRESS	5521 RED HAWK DR.	23 STREET ADDRESS	8452 YEARLING LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	VD	31 TITLE	TD	☒ Change ☐ Addition
NAME	SCHELL, VINCE	32 NAME	SHEAWN BROWN	
STREET ADDRESS	5521 RED HAWK DR	33 STREET ADDRESS	4735 MILL RUN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	TD	41 TITLE	SD	☒ Change ☐ Addition
NAME	RUSSO, LORETTA	42 NAME	MARY FALZONE	
STREET ADDRESS	5045 MUSSELSHELL DR.	43 STREET ADDRESS	4904 MUSSELSHELL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	44 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SD	51 TITLE	D	☒ Change ☐ Addition
NAME	HEISNER, JOYCE	52 NAME	JANET CARANGELO	
STREET ADDRESS	9710 LOMA LINDA CT	53 STREET ADDRESS	9041 REMMINGTON DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	NECE, ANN MARIE	62 NAME	DEBBIE HUFFMON	
STREET ADDRESS	8452 YEARLING LA	63 STREET ADDRESS	4531 SWALLOWTAIL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	64 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	

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.

PTO TREASURER

SIGNATURE: Sheawn K. Brown SHEAWN K. BROWN 1MAR 95 (813)376-2594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087491