

Amended  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

1996 SEP 20 PM 9: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO4997

1. Corporation Name

FLORIDA PARENT EDUCATORS ASSOCIATION, INC.

Principal Place of Business <u>P.O. Box 173</u> <u>VENICE FL</u> <u>34284 USA</u>	Mailing Address <u>8211 SW 52 CT</u> <u>Ocala FL 34496</u> <u>USA</u>
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3. Date Incorporated or Qualified <u>9/6/84</u>	3a. Date of Last Report <u>1/20/96</u>
4. FEI Number <u>59-2608204</u>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business <u>8211 SW 52 CT</u>	2a. Mailing Address <u>8211 SW 52 CT</u>
21. Suite, Apt. #, etc. <u></u>	26. Suite, Apt. #, etc. <u></u>
22. City & State <u>Ocala FL</u>	27. City & State <u>Ocala FL</u>
23. Zip <u>34476</u>	28. Zip <u>34476</u>
24. Country <u>USA</u>	29. Country <u>USA</u>

9. Name and Address of Current Registered Agent <u>GARY REGOLI</u> <u>8211 SW 52 CT</u> <u>Ocala FL 34476</u>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<u>FL</u>
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 GARY REGOLI VICE PRES. Gary Regoli 9/13/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<u>DO NOT DELETE</u>
STREET ADDRESS	<u>(SAME)</u>
CITY-ST-ZIP	<u></u>
TITLE	<input type="checkbox"/> DELETE
NAME	<u>SECRETARY (DS)</u>
STREET ADDRESS	<u>SHARON CARTER</u>
CITY-ST-ZIP	<u>PO BOX 177</u>
	<u>GRANDIN FL 32138</u>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<u>DP</u>
STREET ADDRESS	<u>MONTIE HANCOCK</u>
CITY-ST-ZIP	<u>406 DARTMOUTH AVE W</u>
	<u>MEZBOURNE FL</u>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<u>D</u>
STREET ADDRESS	<u>JEFF TOMLIN</u>
CITY-ST-ZIP	<u>5246 ROBIN LANE</u>
	<u>ST PETERSBURG FL</u>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<u>CHAIRMAN (DC)</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>KEVIN SMITH</u>
1.3 STREET ADDRESS	<u>2632 SIESTA DRIVE</u>
1.4 CITY-ST-ZIP	<u>SARASOTA FL 34239</u>
2.1 TITLE	<u>VICE CHAIRMAN (DV)</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<u>GARY REGOLI</u>
2.3 STREET ADDRESS	<u>8211 SW 52 CT</u>
2.4 CITY-ST-ZIP	<u>Ocala FL 34476</u>
3.1 TITLE	<u>TREASURER (DT)</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<u>MARK FALLON</u>
3.3 STREET ADDRESS	<u>1714 7TH AVE NORTH</u>
3.4 CITY-ST-ZIP	<u>LAKE WORTH FL 33460</u>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: GARY REGOLI 9/13/96 352 873 1645  
Signature and typed or printed name of signing officer or director Date Daytime Phone #