

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

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1. Corporation Name

FLORIDA CONGRESS OF PARENTS AND TEACHERS, INC.

Principal Place of Business

1747 ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809-5757

Mailing Address

1747 ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809-5757



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/19/1964

4. FEI Number

59-0637851

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

BAILEY, JANICE
1747 ORLANDO CENTRAL PARKWAY
ORLANDO FL 32809

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

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 ☒ DELETE
NAME MESSER, CHRISTINE
STREET ADDRESS 2108 W FLORA ST
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE
NAME PD TRAEGER, SANDY
STREET ADDRESS 1606 WILDSAT CT
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☒ DELETE
NAME SD HIGHTOWER, PATTY
STREET ADDRESS 6430 DUNLEITH PL
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE
NAME DD BAILEY, JANICE
STREET ADDRESS 1747 ORLANDO CENTRAL PKW
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME TD HARDIN, MELISSA
1.3 STREET ADDRESS 3400 S PALM WAY
1.4 CITY-ST-ZIP SANFORD FL 32773

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD LATHA KRISHNAIYER
2.3 STREET ADDRESS 10405 NW 6TH ST
2.4 CITY-ST-ZIP CORAL SPRINGS FL 33071

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD JUDY SULLIVAN
3.3 STREET ADDRESS 11061 NW 16 ST
3.4 CITY-ST-ZIP PEMBROKE PINES FL 33026

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *James Bailey* **SIGNATURE REQUIRED** *Office Director 2/18/99 407/255-7604*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (11/98)