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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 706841

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0637851	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAILEY, JANICE 1747 ORLANDO CENTRAL PARKWAY ORLANDO FL 32809				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
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	TD	1.1 TITLE	TD
NAME	MESSER, CHRISTINE	1.2 NAME	HARDIN, MELISSA
STREET ADDRESS	2108 W FLORA ST	1.3 STREET ADDRESS	3400 S PALM WAY
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE	PD	2.1 TITLE	PD
NAME	TRAEGER, SANDY	2.2 NAME	LATHA KRISHNAIYER
STREET ADDRESS	1606 WILDSAT CT	2.3 STREET ADDRESS	10405 NW 6TH ST.
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	SD	3.1 TITLE	SD
NAME	HIGHTOWER, PATTY	3.2 NAME	JUDY SULLIVAN
STREET ADDRESS	6430 DUNLEITH PL	3.3 STREET ADDRESS	11061 NW 16 ST.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	DD	4.1 TITLE	
NAME	BAILEY, JANICE	4.2 NAME	
STREET ADDRESS	1747 ORLANDO CENTRAL PKW	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 2/18/99 407/257-2604*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)