DOCUMENT # 706841 1. Entity Name					Fe	FILED Feb 01, 2000 8:00 am				
FLORID/	A CONGRESS OF PARENTS A	IND TEACHERS, INC.				Secretai	v o i	f Stat	e am	
Principal Place of Business		Mailing Address				02-01-2000 90	•			
1747 ORLANDO CENTRAL PARKWAY ORLANDO FL 32809-5757		1747 ORLANDO CENTRAL PARKWAY ORLANDO FL 32809-5732								
2 Deinainal F	Diagraf Projects	2 Mailing Address								
2. Principal Place of Business		3. Mailing Address							il ulu ik 1 66 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE		
City & State		City & State		4. FEI Numb	er 59-0637851			plied For it Applicable		
Zip	Country	Zip Country		untry	5. Certificate	of Status Desired	×	\$8.75 Add		
	6. Name and Address of Current R	legistered Agent		Name	7. Name and	Address of New R	egistered	Agent		
m , to	ANDOE	ر درونو این د استا م و			ddress (P.O. Box Numb	er is Not Acceptable) -		• •	
	ANDO CENTRAL PARKWAY									
ORLANDO	FL 32809			City			FL	Zip Code	9	
8. The above	e named entity submits this statement for	the purpose of changing its r	egister	l ed office or	registered agent, or bo	th, in the state of Flo		- 1		
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signatu	re required when reinstating)		DATE			
	FILE NOW:	9. Election Campaign	Einaacii	na	¢5 00 s	Make	Chack	Payable to		
	FEE IS \$61.25	, , , , , , , , , , , , , , , , , , , ,		\$5.00 May Be Added to Fees			t of State	'		
10.	OFFICERS AND DIRE	ECTORS	11.		ADDITIONS/CH	I IANGES TO OFFICE	RS AND D	IRECTORS IN	10	
TITLE NAME	TD Hardin, Melissa	☐ Delete	TITU! NAM					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	3400 S. PALM WAY			ET ADDRESS - ST-ZIP						
TITLE	SANFORD FL 32773 PD	☐ Delete	TITLE	-				☐ Change	☐ Addition	
NAME STREET ADDRESS	KRISHNAIYER, LATHA 10405 N W 6TH STREET		NAM STRE	ET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33071 SD	□ balai	+-	-ST-ZIP				Change	☐ Addition	
NAME	SULLIVAN, JUDY	☐ Delete	NAM	Ε				☐ Change	∐ Addition	
STREET ADDRESS CITY-ST-ZIP	11061 N W 16TH STREET PEMBROKE PINES FL 33026			ET ADDRESS - ST- ZIP	ne		<u>-</u>			
TITLE NAME	DD Bailey, Janice	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS	1747 ORLANDO CENTRAL PKW		STRE	ET ADDRESS -ST-ZIP						
CITY-ST-ZIP TITLE	ORLANDO FL	☐ Delete	TITLE			<u> </u>		☐ Change	☐ Addition	
NAME STREET ADDRESS	,	•	NAM STRE	E ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAMI					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the contract of the contract o	rue and accurate and that my vered to execute this report a	y signat s requir	ure shall ha ed by Char	ave the same legal effect oter 617, Florida Statute	t as if made under o	ath; that { appears i	am an officer	or director Block 11 if	

AME OF SIGNING OFFICER OR DIRECTOR

IGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

SIGNATURE: