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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717270** (3)

1. Corporation Name

**BEAR CREEK ELEMENTARY PARENT-TEACHER ASSOCIATION
ST. PETERSBURG, INC.**

Principal Place of Business

Mailing Address

ASSOCIATION ST PETERSBURG INC
350 61ST STREET. SOUTH
ST PETERSBURG FL 33707

ASSOCIATION ST PETERSBURG INC
350 61ST STREET. SOUTH
ST PETERSBURG FL 33707-1514



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24		29	

3. Date Incorporated or Qualified 10/01/1969	3a. Date of Last Report 06/06/1996
4. FEI Number NOT APPLICABLE	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, ANN P
350 61 ST S
ST PETERSBURG FL 33707**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PD <input type="checkbox"/> DELETE
NAME	BRODEUR, KAREN
STREET ADDRESS	130 63RD ST S
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HAUGLI, ROBIN
STREET ADDRESS	818 HULL ST.
CITY-ST-ZIP	GULFPORT FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SLEYZAK, TINA
STREET ADDRESS	6314 2ND AVENUE N.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	S <input type="checkbox"/> DELETE
NAME	TAYLOR, JEANETTE
STREET ADDRESS	8218 4TH AVENUE S.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lisa Brown
1.3 STREET ADDRESS	1140 Rue Des Rois #1140
1.4 CITY-ST-ZIP	S. Pasadena, FL 33707
2.1 TITLE	Vice-President - membership - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Amy Bond
2.3 STREET ADDRESS	11744 WALL Circle
2.4 CITY-ST-ZIP	St. Petersburg, FL 33708
3.1 TITLE	Vice-President - Fundraising - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robin Haugli
3.3 STREET ADDRESS	818 HULL St.
3.4 CITY-ST-ZIP	Gulfport, FL 33707
4.1 TITLE	Treasurer - T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARRIE Bonfield
4.3 STREET ADDRESS	6237 13th Aves
4.4 CITY-ST-ZIP	Gulfport, FL 33707
5.1 TITLE	Secretary - S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANN FERNANDEZ
5.3 STREET ADDRESS	350 61st St. S
5.4 CITY-ST-ZIP	St. Petersburg, FL 33707
6.1 TITLE	VP - Volunteers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Greta Haugebook
6.3 STREET ADDRESS	2409 Queen St. S
6.4 CITY-ST-ZIP	St. Petersburg FL 33712

14. I do 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.

SIGNATURE: **SIGNATURE REQUIRED** *Ann Fernandez* 4/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050331

CR2E037 (9/96)