NONPERGET     OWNERSTORE ALL STATUS     ADDITION     ANNUAL REPORT     DONNERSTORE     DO		FILE NOW: FILI	NG FEE IS \$61.	25			FILED
DOCUMENT # 717270 (3)   BEAR CREEK LEMENTARY PARENT-TEACHER ASSOCIATION , ST. PETERSBURG, NC.   Proposition of Business Maling Address   SSOCIATION IT PETERSBURG NC.   BORDOLIN IT PETERSBURG NC.   SSOCIATION IT PETERSBURG NC.   SSOCIAT	CORPORATION ANNUAL REPORT		Sandra B. Mortham Secretary of State			Ē	Jan 28 1998 8:00am
			- CORPOR			Secretary of State	
S0 SIST STREET, SOUTH ST PERTERSURG FL STORT       100/11/1690       Applied Err.         2. Proclass Press of Business       24. Mailing Address       6. Continuate of Statu Deviced Image of Applied Err.       Inst Applied Err.         2. Proclass Press of Business       24. Mailing Address       8. Continuate of Statu Deviced Image of Applied Err.       Inst Applied Err.         3. State       City & State       City & State       City & State       State Applied Err.         3. State       City & State       City & State       City & State       Image of Address of Current Registered Agent         3. State       City & State       City & State       City & State       Image of Address of Current Registered Agent         4. State Address of Current Registered Agent       Fill Name       Image of Address of Current Registered Agent       Image of Address of Current Registered Agent         FERNAUDEZ, ANN P       Stote Address of Current Registered Agent       Image of Address of Address of Current Registered Agent       Image of Address of Address of Current Registered Agent       Image of Address of Address of Current Registered Agent       Image of Address of Address of Current Registered Agent       Image of Address of Address of Current Registered Agent       Image of Address of Address of Current Registered Agent       Image of Address of Address	BEAR CREEK ELEMENTARY PARENT-TEACHER ASSOCIATI						
Participal Place of Database         Par. Mailing Address         Par. Mailing Address         S. Certificate of Status Desired         Ser. 75. Additional Fee Required           Buile, Apt #, etc.         State, Apt #, etc.         E. Bectin Campaging Financing         State, Apt #, etc.         E. Bectin Campaging Financing         State           City & State         City & State         Tous Financing         State New E         NewE         New E         New E	350 61ST STREET, SOUTH 350 61ST STREET, SOUT				JRG INC		10/01/1969 4. FEI Number Applied For
2       27       These fund Conductution       Added to Page         20       20       0016 & State       7. Is this comportation course of the Page         20       20       20       20       0016 & State       10	2. Principal Pl 21	ace of Business					5. Certificate of Status Desired S8.75 Additional
Image: State of the second st	Suite, Apt.		Suite, Apt. #, etc.	27			6. Election Campaign Financing \$5.00 May Be
Image:	23	28					Yes No
FERNANDEZ, ANN P     81     Name       SSD 61 ST S     ST PETERSBURG FL 33707     B2     Street Address (P.O. Box Number is Not Acceptable)       FI     Pursuant to the provisions of Sections 617,1503, Florida Statules, the above-named corporation submits this statement for the purpositions of Sections 617,1503, Florida Statules, the above-named corporation submits flip statement for the appointment as registered office or registered agent. I an intellewith and accept the displayment of Section 517,0502, Florida Statules, the above-named corporation submits flip statement for the purposition of Section 517,0503, Florida Statules, Statules, Statules, I hereby accept the displayment of Section 518,0503, Florida Statules, St	24	25	29				Personal Property Tax due June 30. 🔲 Yes 🗌 No
SIGNATURE       DATE         Signawa nyeki or prime name of regulated agent and the if applicable.       POTE Prophene Agent Signawa neghted when inhuming:       DATE         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         ITTLE       PD       DATE         MALE       TITLE       PD       DATE         MALE       TOTE Prophene Agent Signawa neghted when inhuming:       DATE         MALE       PD       DATE         MALE       PD       DATE         MALE       PD       DATE         STOPETERSBURG FL       11.11E       PD       Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspan	350 61 S St Pete	et s RSBURG FL 33707	2 and 617,1509, Florida Stati	utes, the a	83 84 City	 ,	FL 85 Zip Code
12.       OFFICERS AND DIFECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         TITLE       PD       Intelline       PD       Intelline         WALE       BRODEUR, KAREN       11.000       Intelline       PD       Intelline         STRET ADDRESS       ST. PETERSBURG FL       1.000       Intelline       PD       PD       Intelline       PD       Intelli	SIGNATURE				_		
NAME       BHOUEUR, KAREN       12 MME       Haugii, hobin       Stream         STRET ADDRESS       SI PETERSBURG FL       13 STRET ADDRESS       SI STOT       ST.P         STRET ADDRESS       SI PETERSBURG FL       21 TITLE       VP - Membership       Change       I Addition         NAME       HAUGIL ROBIN       VP - Membership       Change       I Addition         NAME       HAUGIL ROBIN       VP - Membership       Change       I Addition         STRET ADDRESS       SI BHUL ST.       VP - Membership       Change       I Addition         STRET ADDRESS       SI BHUL ST.       VP - Membership       Change       I Addition         STRET ADDRESS       SI BHUL ST.       VP - Membership       Change       I Addition         STRET ADDRESS       SI BHUL ST.       VP - Membership       Change       I Addition         STRET ADDRESS       SI PETERSBURG FL       21 MME       A CITY-ST-2P       Rcd (Ing ton Abuve S)       Change       I Addition         STRET ADDRESS       SI PETERSBURG FL       21 MME       A STRET ADDRESS       Guil F Port + FL       33 TRET ADDRESS       Guil F Port + FL       33 TRET ADDRESS         STRET ADDRESS       SI PETERSBURG FL       34 CITY-ST-2P       Change       I Addition	12.					iture required a	ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12
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Street ADDRESS       L DELETE       4.1 TITLE S       L Datage       Addition         NAME       TAYLOR, JEANETTE       4.2 NAME       Tina Tourney       102.0-60th St S         6218 4TH AVENUE S.       4.3 STREET ADDRESS       102.0-60th St S       337107         STREET ADDRESS       4.1 TITLE       Streer ADDRESS       102.0-60th St S         Addition       4.1 TITLE       Streer ADDRESS       102.0-60th St S         STREET ADDRESS       4.1 TITLE       Streer ADDRESS       102.0-60th St S         STREET ADDRESS       4.1 TITLE       Streer ADDRESS       102.0-60th St S         STREET ADDRESS       4.1 TITLE       Streer ADDRESS       102.0-60th St S         STREET ADDRESS       1000000000000000000000000000000000000			1			~  G0	LIPPOIT FC 33/0/
STREET ADDRESS       6218 4TH AVENUE S. ST PETERSBURG FL       4.3 STREET ADDRESS       1020-60th St S 4.4 CITY-ST-ZIP       33707         TITLE       DELETE       5.1 TITLE       Streerey - VP-Fundraising       Change       Addition         NAME       STREET ADDRESS       6618-4+h AveN       Streerey - VP-Fundraising       Change       Maddition         STREET ADDRESS       STREET ADDRESS       6618-4+h AveN       Streerey - VP-Fundraising       Change       Maddition         NAME       STREET ADDRESS       6618-4+h AveN       Streerey - VP-Fundraising       Change       Maddition         NAME       STREET ADDRESS       6618-4+h AveN       Streerey - VP-VP-VOIUnteers       Change       Maddition         NAME       Streerey       Streerey - VP-VOIUnteers       Change       Maddition         NAME       Streerey       Streerey       Streerey - VP-VOIUnteers       Change       Maddition         NAME       Streerey       Streerey       Streerey       Streerey       Streerey       VP-VOIUnteers       Change       Maddition         NAME       Streerey	TITLE		DELETE				
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ITTLE       DELETE       5.1 ITTLE       Sherry - VP- Fundraising       Change       MAddition         NAME       Sherry - VP- Fundraising       Change       MAddition         STREET ADDRESS       Sherry + Hudson       Sherry + Hudson       Sherry + Hudson         STREET ADDRESS       SACITY-ST-ZIP       Street ADDRESS       6618 - 4+h AveN         CITY-ST-ZIP       Street ADDRESS       64018 - 4+h AveN       Street PL 33710         TITLE       DELETE       61 TITLE       Street ADDRESS       2409 - Qveen StS         CITY-ST-ZIP       Street ADDRESS       2409 - Qveen StS       Street FL 33712         CITY-ST-ZIP       Street ADDRESS       2409 - Qveen StS       Street FL 33712         14.       Inercover of the corporation or the receiver or trustee emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated or this 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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with anachiress.	i						HOOT H 22707
STREET ADDRESS       5.3 STREET ADDRESS       6618-4+h AveN         CITY-ST-ZP       5.4 CITY-ST-ZP       St Pete FL 33710         TITLE       DELETE       6.1 TITLE       6.1 TITLE         NAME       6.2 NAME       Greeta Hourgabook       6.3 STREET ADDRESS         STREET ADDRESS       6.4 CITY-ST-ZP       St Pete FL 33710         Change       Change       Change         MAME       Greeta Hourgabook       6.3 STREET ADDRESS         CITY-ST-ZIP       St Pete FL 33712       Change       Change         14.       I hereby certily 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 indicate 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 embowered 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 anachiress.	TITLE		DELETE		5.1 TITLE St		- YP-Fundraising Change Maddition
STREET ADDRESS       5.3 STREET ADDRESS       6618-4+h AveN         CITY-ST-ZP       5.4 CITY-ST-ZP       St Pete FL 33710         TITLE       DELETE       6.1 TITLE       6.1 TITLE         NAME       6.2 NAME       Greeta Hourgabook       6.3 STREET ADDRESS         STREET ADDRESS       6.4 CITY-ST-ZP       St Pete FL 33710         Change       Change       Change         MAME       Greeta Hourgabook       6.3 STREET ADDRESS         CITY-ST-ZIP       St Pete FL 33712       Change       Change         14.       I hereby certily 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 indicate 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 embowered 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 anachiress.	NAME					She	erry Hudson
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NAME       6.2 NAME       Greta Haugebook         STREET ADDRESS       6.3 STREET ADDRESS       2409 - Queen St S         CITY-ST-ZIP       6.4 CITY-ST-ZIP       Street ADDRESS         14. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). 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 employmered 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 anacdress.	CITY-ST-ZP						
STREET ADDRESS CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 1 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 on an attachment with analyzines.	NAME			- 1		Corpo	
<u>64 CITY-ST-ZIP</u> <u>64 C</u>	STREET ADDRESS					\$ 240	9-QueenStS
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 officer an attachment with an and director of the corporation of the corporation of the corporation of the corporation of 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 officer on a attachment with an and director of the corporation of the	CITY-ST-ZIP			6.4 (	CITY-ST-ZIP	<u>S+</u>	Pete FL 33712
Block 12 or Block 13 if changed, offon an attachment with anachress.	<ol> <li>14. I hereby c indicated</li> </ol>	ertily that the information supplied with on this annual report or supplemental	th this filing does not qualify annual report is true and ac	for the ex courate ar	emption st nd that my	ated in Se signature :	ction 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an
Listensing precluper	officer or of Block 12 c	director of the corporation or the receiver or Block 13 if changed, official an attack	iver or trustee empowered to hment with an address.	o execute	this report	as require	ed by Chapter 617, Florida Statutes; and that my name appears in
SIGNATURE:		1-1-1	ATSERIAEC	hino	ED		Chan - 1 Mad 341-2111