

FILE NOW: FILING FEE IS \$61.25

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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ASSOCIATION ST PETERSBURG INC 350 61ST STREET. SOUTH ST PETERSBURG FL 33707		Mailing Address ASSOCIATION ST PETERSBURG INC 350 61ST STREET. SOUTH ST PETERSBURG FL 33707		3. Date Incorporated or Qualified 10/01/1969
2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Zip	28 Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent FERNANDEZ, ANN P 350 61 ST S ST PETERSBURG FL 33707				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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	PD	<input checked="" type="checkbox"/> DELETE		
NAME	BRODEUR, KAREN			
STREET ADDRESS	130 63RD ST S			
CITY-ST-ZIP	ST. PETERSBURG FL			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		
NAME	HAUGLI, ROBIN			
STREET ADDRESS	818 HULL ST.			
CITY-ST-ZIP	GULFPORT FL			
TITLE	T	<input checked="" type="checkbox"/> DELETE		
NAME	SLEYZAK, TINA			
STREET ADDRESS	6314 2ND AVENUE N.			
CITY-ST-ZIP	ST PETERSBURG FL			
TITLE	S	<input checked="" type="checkbox"/> DELETE		
NAME	TAYLOR, JEANETTE			
STREET ADDRESS	6218 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	Haugli, Robin			
1.3 STREET ADDRESS	818 Hull St So.			
1.4 CITY-ST-ZIP	Gulfport FL 33707			
2.1 TITLE	VP-Membership	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
2.2 NAME	Amy Bond			
2.3 STREET ADDRESS	17744 Wall Circle			
2.4 CITY-ST-ZIP	Redington Shores FL 33708			
3.1 TITLE	Carrie Bonfield-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	6237- 13th Ave S			
3.3 STREET ADDRESS	Gulfport FL 33707			
3.4 CITY-ST-ZIP				
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.2 NAME	Tina Tourney			
4.3 STREET ADDRESS	1020-60th St S			
4.4 CITY-ST-ZIP	Gulfport FL 33707			
5.1 TITLE	Sherry - VP-Fundraising	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.2 NAME	Sherry Hudson			
5.3 STREET ADDRESS	6618-4th Aven			
5.4 CITY-ST-ZIP	St Pete FL 33710			
6.1 TITLE	Greta Haugabook	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME	2409-Queen St S			
6.3 STREET ADDRESS	St Pete FL 33712			
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.

SIGNATURE: *[Signature]* **Jan 7 1998** 341-2008
Date Daytime Phone # 0051122

CR2E037 (10/97)