

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -5 PM 3: 11

DOCUMENT # 717505 (2)

1. Corporation Name

THE SEMNOLE ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ASSOCIATION INC  
10950 74TH AVENUE NORTH  
SEMNOLE FL 34642

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10950 74TH AVENUE NORTH  
SEMNOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/31/1969</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-2315573</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required		
Zip 24	Country 25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CUTLER, ELAINE 10950-74TH AVE N SEMNOLE FL 34642		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ NOTE: Registered Agent signature required when re-registering. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, ELAINE	1.2 NAME	
STREET ADDRESS	10950 74TH AVE NO	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMNOLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANGIPANE, PEGGY	2.2 NAME	
STREET ADDRESS	11642 80TH AVENUE, NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEMNOLE FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARWOOD	3.2 NAME	Treasurer
STREET ADDRESS	11300 82 AVE, NORTH	3.3 STREET ADDRESS	Brodie, Crystal
CITY - ST - ZIP	SEMNOLE FL	3.4 CITY - ST - ZIP	7187 111th St. N. Seminole, FL 34642
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULICK, ANN	4.2 NAME	
STREET ADDRESS	10881 TEMPLE AVE, N.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEMNOLE FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAWNICK, BARBARA	5.2 NAME	V.P./D
STREET ADDRESS	18848 100TH AVENUE, NORTH	5.3 STREET ADDRESS	Leveroos, John
CITY - ST - ZIP	LAKEWOOD FL	5.4 CITY - ST - ZIP	11715 82 Ter. N. Seminole, FL 34642
TITLE	C	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKS, PAULA	6.2 NAME	
STREET ADDRESS	12194 86TH AVE. NORTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	SEMNOLE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Peggy Frangipane 8/23/95 813-547-7668