

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717505 (2)

1. Corporation Name

THE SEMINOLE ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

**ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE FL 34642**

Mailing Address

**ASSOCIATION INC
10950 74TH AVENUE NORTH
SEMINOLE FL 34642**



3. Date Incorporated or Qualified
10/31/1969

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-2315573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUTLER, ELAINE
10950-74TH AVE N
SEMINOLE 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 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 **VD** ☐ DELETE
NAME **CUTLER, ELAINE**
STREET ADDRESS **10950 74TH AVE NO**
CITY-STATE-ZIP **SEMINOLE, FL 00000**

TITLE **PD** ☒ DELETE
NAME **FRANGIPANE, PEGGY**
STREET ADDRESS **11642 80TH AVENUE, NORTH**
CITY-STATE-ZIP **SEMINOLE FL**

TITLE **T** ☐ DELETE
NAME **BRADIE, CRYSTAL**
STREET ADDRESS **7187 111TH ST N**
CITY-STATE-ZIP **SEMINOLE FL**

TITLE **S** ☒ DELETE
NAME **ZULICK, ANN**
STREET ADDRESS **10861 TEMPLE AVE, N.**
CITY-STATE-ZIP **SEMINOLE FL**

TITLE **VPD** ☒ DELETE
NAME **LEVEROOS, JOHN**
STREET ADDRESS **11715 82 TER N**
CITY-STATE-ZIP **SEMINOLE FL**

TITLE **C** ☐ DELETE
NAME **HANKS, PAULA**
STREET ADDRESS **12194 66TH AVE. NORTH**
CITY-STATE-ZIP **SEMINOLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Rita Zazzaro**
2.3 STREET ADDRESS **11470-72nd TERRN**
2.4 CITY-STATE-ZIP **Seminole, FL 34642**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **BRODIE,**
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Kim Harwood**
4.3 STREET ADDRESS **11388-82nd Ave N.**
4.4 CITY-STATE-ZIP **Seminole, FL 34642**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Donna Blackburn**
5.3 STREET ADDRESS **11798 Marla Ln.**
5.4 CITY-STATE-ZIP **Seminole, FL 34642**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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:

Crystal K Brodie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
Date

547-7168
Daytime Phone #

CR2E037 (12/95)