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Aug 12 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 # 717505 (2)

1. Corporation Name

THE SEMINOLE ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.



Principal Place of Business	Mailing Address
ASSOCIATION INC 10950 74TH AVENUE NORTH SEMINOLE FL 34642	ASSOCIATION INC 10950 74TH AVENUE NORTH SEMINOLE FL 33772-5424

3. Date Incorporated or Qualified 10/31/1969	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2315573	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Elaine Cutler, Vice President DATE 5/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, ELAINE	1.2 NAME	Outler, Elaine
STREET ADDRESS	10950 74TH AVE NO	1.3 STREET ADDRESS	10950-74th Ave N
CITY-ST-ZIP	SEMINOLE, FL 00000	1.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAZZARO, RITA	2.2 NAME	Zazzaro, Rita
STREET ADDRESS	11470 72ND TERR. N.	2.3 STREET ADDRESS	11470-72nd Terr N
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADIE, CRYSTAL	3.2 NAME	Miller, William
STREET ADDRESS	7187 111TH ST N	3.3 STREET ADDRESS	7901 Seminole Blvd
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDWOOD, KIM	4.2 NAME	Schwartau, Sherra
STREET ADDRESS	11388 82ND AVE. N.	4.3 STREET ADDRESS	11511 Pine St
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKBURN, DONNA	5.2 NAME	Chapman, Teresa
STREET ADDRESS	11798 MARLA LANE	5.3 STREET ADDRESS	13101-87th Ave N
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	Seminole, FL 33776
TITLE	C <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANKS, PAULA	6.2 NAME	Fowler, Connie
STREET ADDRESS	12194 66TH AVE. NORTH	6.3 STREET ADDRESS	3501-14th St N
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	St Petersburg, FL 33704

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 William B. Miller, President DATE 5/27/97

CR2E037 (9/96)