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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>ASSOCIATION INC 10950 74TH AVENUE NORTH SEMINOLE FL 34642</b>	Mailing Address <b>ASSOCIATION INC 10950 74TH AVENUE NORTH SEMINOLE FL 34642</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>CUTLER, ELAINE 10950-74TH AVE N SEMINOLE FL 34642</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 A. Cutler* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUTLER, ELAINE 10950 74TH AVE NO SEMINOLE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAZZARO, RITA 11470 72ND TERR. N. SEMINOLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, WILLIAM 7901 SEMINOLE BLVD SEMINOLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTAU, SHERRA 11511 PINE ST SEMINOLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, TERESA 13101-87TH AVE N SEMINOLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, CONNIE 3501-14TH ST N ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elaine A. Cutler* *Rita Zazzaro* *1-8-98* *547-7119*

CR2E037 (10/97)