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**Feb 23, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717505**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/31/1969

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

9. Name and Address of Current Registered Agent

CUTLER, ELAINE  
10950-74TH AVE N  
SEMINOLE FL 34642

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

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 ~~VPD~~ ☐ DELETE

NAME CUTLER, ELAINE  
STREET ADDRESS 10950 74TH AVE NO  
CITY-ST-ZIP SEMINOLE, FL 00000

TITLE ☐ DELETE

NAME ZAZZARO, RITA  
STREET ADDRESS 11470 72ND TERR. N.  
CITY-ST-ZIP SEMINOLE FL

TITLE PD ☒ DELETE

NAME MILLER, WILLIAM  
STREET ADDRESS 7901 SEMINOLE BLVD  
CITY-ST-ZIP SEMINOLE FL

TITLE VP ☐ DELETE

NAME SCHWARTAU, SHERRA  
STREET ADDRESS 11511 PINE ST  
CITY-ST-ZIP SEMINOLE FL

TITLE S ☒ DELETE

NAME CHAPMAN, TERESA  
STREET ADDRESS 13101-87TH AVE N  
CITY-ST-ZIP SEMINOLE FL

TITLE D ☒ DELETE

NAME FOWLER, CONNIE  
STREET ADDRESS 3501-14TH ST N  
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~Principal~~ ☒ Change ☐ Addition

1.2 NAME Cutler, Elaine  
1.3 STREET ADDRESS 10950-74th Ave N.  
1.4 CITY-ST-ZIP Seminole, FL 33772

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ~~VPD~~ ☐ Change ☒ Addition

3.2 NAME Wunderlich, Agatha  
3.3 STREET ADDRESS 7658-133rd St N.  
3.4 CITY-ST-ZIP Seminole, FL 33776

4.1 TITLE ~~VPD~~ ☒ Change ☐ Addition

4.2 NAME Schwartau, Sherra  
4.3 STREET ADDRESS 11511 Pine St  
4.4 CITY-ST-ZIP Seminole, FL 33772

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME Lauster, Stephanie  
5.3 STREET ADDRESS 11032-108th Ave N  
5.4 CITY-ST-ZIP Largo, FL 33778

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*Rita Zazzaro* SIGNATURE REQUIRED

1-12-98

547-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)