

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90082 049 ****61.25

DOCUMENT # 718067

1. Corporation Name

**WESTGATE ELEMENTARY SCHOOL PARENTS AND TEACHERS
ASSOCIATION OF ST. PETERSBURG, FLORIDA INC.**

Principal Place of Business

3560 58TH ST. N.
ST PETERSBURG FL 33710

Mailing Address

3560 58TH ST. N.
ST PETERSBURG FL 33710



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/13/1970

4. FEI Number

23-7109333

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

**WESTGATE ELEMENTARY SCHOOL
3560 58TH STREET NORTH
ST. PETERSBURG FL 33710**

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 PD
NAME TERRIO, ELLEN
STREET ADDRESS 5470 40TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE VD
NAME SEILER, TAMMY
STREET ADDRESS 5511 65TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE SD
NAME TERRI CROCKETT
STREET ADDRESS 6090 36 TERR N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD
NAME JORDAN, ELIZSBETH
STREET ADDRESS 6074 28TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD
3.2 NAME RAY HANSEN
3.3 STREET ADDRESS 5856 27 AVE NO
3.4 CITY-ST-ZIP ST PETE FL 33710

4.1 TITLE TD
4.2 NAME KIRSTEN SMITH #705
4.3 STREET ADDRESS 6301 58TH ST N
4.4 CITY-ST-ZIP PINELLAS PARK FL 33781

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Elizabeth Jordan* **ELIZABETH A JORDAN** 4/09/99 (727)-579-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)