

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 # 718155 (5)

1. Corporation Name

TYRONE ELEMENTARY PARENT TEACHERS ASSOCIATION, I
NC.

Principal Place of Business

2401 66TH ST NO
ST PETERSBURG FL 33710

Mailing Address

2401 66TH ST NO
ST PETERSBURG FL 33710



3. Date Incorporated or Qualified
04/07/1970

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2836719

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

LOTT, JAMES
2401 66TH ST N
ST. PETERSBURG FL 37710

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VIGNOUL, JOAN E
STREET ADDRESS 6285-67TH LANE N
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Jim Schreiber
1.3 STREET ADDRESS 6360 24th Ave. N.
1.4 CITY-ST-ZIP St. Pete FL - 33710 ☒ Change ☐ Addition

TITLE VD
NAME VARNER, MARY BETH
STREET ADDRESS 8109-36TH AVE N
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

2.1 TITLE VD
2.2 NAME Beth Spencer
2.3 STREET ADDRESS 5340 5th AVE. South
2.4 CITY-ST-ZIP St Pete, FL 33707 ☒ Change ☐ Addition

TITLE S
NAME DAIRE, BARBARA
STREET ADDRESS 6027-21ST AVE N
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

3.1 TITLE S
3.2 NAME Dianne Roth
3.3 STREET ADDRESS 6231 8th Ave No.
3.4 CITY-ST-ZIP St. Petersburg, Fla 33710 ☒ Change ☐ Addition

TITLE TD
NAME BRANDT, CAROL
STREET ADDRESS 3716 32ND AVE N
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

4.1 TITLE TD
4.2 NAME Renee Hall
4.3 STREET ADDRESS 5059 112th St. N.
4.4 CITY-ST-ZIP St. Petersburg, FL 33708 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 500001746605
5.4 CITY-ST-ZIP -03/18/96--01040--016
6.1 TITLE ***61.25 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 (813) 893-9329
Date Daytime Phone #

CR2E037 (12/95)