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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/07/1970
4. FEI Number 59-2836719
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 LOTT, JAMES 2401 66TH ST N ST. PETERSBURG FL 37710	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SCHREIBER, JIM
STREET ADDRESS	6360 24TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MICHELE KOCHANIK
STREET ADDRESS	5400 36TH AVE N.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BETH SPENCER
STREET ADDRESS	5340 5TH AVE. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	JONI ALBERS
STREET ADDRESS	5099 26TH AVE. N.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DIANNE ROTH
STREET ADDRESS	6231 8TH AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	LEE FULMER
STREET ADDRESS	1801 OXFORD ST. N.
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michelle Kochanik
1.3 STREET ADDRESS	5400 36th Ave. N.
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
2.1 TITLE	V.P. - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dorothy Buckshaw
2.3 STREET ADDRESS	6514 6th Ave. N.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
3.1 TITLE	V.P. - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ted Anderson
3.3 STREET ADDRESS	1230 38th Ave. N.E.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33704
4.1 TITLE	V.P. - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dina Nelson
4.3 STREET ADDRESS	9821 50th Ave. N.
4.4 CITY-ST-ZIP	St. Petersburg, FL 33708
5.1 TITLE	Sec - S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kim Penman
5.3 STREET ADDRESS	6486 28th Ave. N.
5.4 CITY-ST-ZIP	St. Petersburg, FL 33710
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: **LEE FULMER** 02/06/98 1812893-7135

CR2E037 (10/97)