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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 719657

1. Corporation Name

THE RIVIERA MIDDLE SCHOOL PARENT TEACHER ASSOCIATION, INCORPORATED

Principal Place of Business

501 - 62 AVENUE N E
ST PETERSBURG FL 33702

Mailing Address

501 - 62 AVENUE N E
ST PETERSBURG FL 33702



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/09/1970

4. FEI Number

23-7109337

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

MOSTELLAR, CARL
501 62ND AVE NE
ST PETERSBURG FL 33702

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 ☒ DELETE

NAME **MOODY, DERRIL**
STREET ADDRESS **1301 48TH AVE, NE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE SD ☒ DELETE

NAME **HUNTER, BARBARA**
STREET ADDRESS **1272 CORDOVA BLVD NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE TD ☒ DELETE

NAME **DAVIS, PAM**
STREET ADDRESS **585 55TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE SD ☒ DELETE

NAME **MCCORMICK, TERESA**
STREET ADDRESS **5794 HUNNINGTON CIRCLE, NE**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **Sharon Cate**
1.3 STREET ADDRESS **5434 Bayou Grande Blvd NE**
1.4 CITY-ST-ZIP **St. Petersburg FL 33703**

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME **Sharon Herzig**
2.3 STREET ADDRESS **1825 Bayou Grande Blvd NE**
2.4 CITY-ST-ZIP **St. Pete, FL 33703**

3.1 TITLE **TD** ☐ Change ☒ Addition

3.2 NAME **Christina Barber**
3.3 STREET ADDRESS **1842 Nebraska Ave NE**
3.4 CITY-ST-ZIP **St. Pete FL 33703**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

2/8/99 **727 573 3800** **4675**

CR2E037 (11/98)