

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719699** (1)

1. Corporation Name

**SKYCREST PARENT-TEACHER ASSOCIATION, INCORPORATE
D**



Principal Place of Business

Mailing Address

**SKYCREST ELEMENTARY PTA
10 N CORONA AVE.
CLEARWATER FL 34625**

**SKYCREST ELEMENTARY PTA
10 N CORONA AVE.
CLEARWATER FL 34625**

3. Date Incorporated or Qualified
11/17/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOSH, GEORGE B.
10 N. CORONA AVE.
CLEARWATER FL 34689**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	HALL, JUDY	
STREET ADDRESS	101 BAYWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DEGARMO, DENA	
STREET ADDRESS	2353 LORENA LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	COBBS, SOPHIA	
STREET ADDRESS	14 JEFFERSON AVE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	PUMPHREY, SHARON	
STREET ADDRESS	1560 WALNUT ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, VIRGINIA	
STREET ADDRESS	7 N. DUNCAN AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bertels, Paula	
1.3 STREET ADDRESS	2311 Anna Ave.	
1.4 CITY-ST-ZIP	Clearwater, FL 34625	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Milliron, Vicki	
2.3 STREET ADDRESS	1837 Feather Tree Circle	
2.4 CITY-ST-ZIP	Clearwater, FL 34625	
3.1 TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Livernois, Robin	
3.3 STREET ADDRESS	301 Feather Tree Drive	
3.4 CITY-ST-ZIP	Clearwater, FL 34625	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tasker, Roxanne	
5.3 STREET ADDRESS	1228 N. Saturn Ave	
5.4 CITY-ST-ZIP	Clearwater FL 34615	
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 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

Date

Office Phone