

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721563 (5)

1. Corporation Name

**BAY VISTA ELEMENTARY PARENT-TEACHER ASSOCIATION,
ST PETERSBURG, INC.**



Principal Place of Business

**TEACHER ASSOCIATION ST PETERSBURG INC
5900-9TH STREET SO
ST PETERSBURG FL 33705**

Mailing Address

**TEACHER ASSOCIATION ST PETERSBURG INC
5900-9TH STREET SO
ST PETERSBURG FL 33705**

3. Date Incorporated or Qualified
08/23/1971

3a. Date of Last Report
03/23/1995

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

**UNDERBERG, ALFRED E
11-42ND STREET, N.
ST PETERSBURG FL 33713**

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 (if not applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD ;O;AVPOS. BERNARD**
STREET ADDRESS **6272 13ST S**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME **DC KING, DEBBIE**
STREET ADDRESS **5565 11TH ST SO**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **TD STRATTON, DENECE**
STREET ADDRESS **6830 COLONY DR SO**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE ☒ DELETE

NAME **SD PORTERFIELD, DONNA**
STREET ADDRESS **695 52 AVE SO**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE ☒ DELETE

NAME **C ROBIN, ELLIOTT**
STREET ADDRESS **2023 TANGLEWOOD WY NE**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PD Lilavois, Bernard**
STREET ADDRESS **1340 Pinellas Point Dr. So.**
CITY - ST - ZIP **ST. Petersburg FL 33705**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

NAME **S SHARON PLATTER**
STREET ADDRESS **236 Colony Pt. Rd. So.**
CITY - ST - ZIP **St. Petersburg FL 33705**

5.1 TITLE ☐ Change ☒ Addition

NAME **C Charles F. Denniston Jr.**
STREET ADDRESS **1600 61 Ave. SO.**
CITY - ST - ZIP **St. Pete, FL, 33712**

6.1 TITLE ☐ Change ☐ 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: **Denece D. Stratton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.96

Date

913-867-0558

Daytime Phone #

CR2E037 (12/95)