

3-24-98 B. 3646 -C
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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723492** (5)

1. Corporation Name

**PARENTS AND TEACHERS OF MILDRED HELMS ELEMENTARY
SCHOOL, INC.**

Principal Place of Business

Mailing Address

ENTARY SCHOOL, INC.
561 CLEARWATER LARGO RD.
LARGO FL 34640

ENTARY SCHOOL, INC.
561 CLEARWATER LARGO RD.
LARGO FL 34640

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 33770

25

29 33770

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/24/1972

4. FEI Number

23-7628153

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SPENCER, JOYCE
561 SOUTH CLEARWATER/LARGO RD.
LARGO FL 34640

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

3-16-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS MCGILL, LAURIE
CITY-ST-ZIP 315 10TH AVE
INDIAN ROCKS BCH FL 33785

TITLE ☐ DELETE

NAME D
STREET ADDRESS BROOKINS, MICHELE
CITY-ST-ZIP 1117 19 TH STREET S.W.
LARGO FL 33770

TITLE ☐ DELETE

NAME T
STREET ADDRESS GULLIVER, SHAUGHN
CITY-ST-ZIP 3063 CRESCENT DRIVE
LARGO FL 33770

TITLE ☐ DELETE

NAME T
STREET ADDRESS TILLEY, BARB
CITY-ST-ZIP 306 7TH AVE S.W.
LARGO FL 33770

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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.

SIGNATURE: Laurie McGill 3/16/98 813-588-3569

CP2E037 (10/97)