

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 723492

1. Corporation Name

PARENTS AND TEACHERS OF MILDRED HELMS ELEMENTARY  
SCHOOL, INC.

Principal Place of Business

ENTARY SCHOOL, INC.  
561 CLEARWATER LARGO RD.  
LARGO FL 33770  
US

Mailing Address

ENTARY SCHOOL, INC.  
561 CLEARWATER LARGO RD.  
LARGO FL 33770  
US

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -5 PM 12:57



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/24/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7628153	
24 Country		29 Country		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 Fees	

9. Name and Address of Current Registered Agent

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

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 *Joyce Spencer*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-12-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President = P ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, LAURIE	1.2 NAME	Shelley Eberle
STREET ADDRESS	315 10TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President = V ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKINS, MICHELE	2.2 NAME	Brown, Marilyn
STREET ADDRESS	1117 19 TH STREET S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer = T ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLIVER, SHAUGHN	3.2 NAME	Mammolito, Kathleen
STREET ADDRESS	3063 CRESCENT DRIVE	3.3 STREET ADDRESS	2428 12th Ave S.W.
CITY-ST-ZIP	LARGO FL 33770	3.4 CITY-ST-ZIP	Largo, FL 33770
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<del>Vice President = V ADD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</del>
NAME	TILLEY, BARB	4.2 NAME	<del>Marlin, Jackie</del>
STREET ADDRESS	306 7TH AVE S.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Shelley Eberle* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99 515-2885

Daytime Phone #

0013803

CR2E037 (5/99)

RE: DOCUMENT #723492

FEI 23 7628 153

PARENTS AND TEACHERS OF MILDRED HELMS ELEMENTARY SCHOOL, INC.

SHELLEY EBERLE PRESIDENT DDD

351 E. OVERBROOK DR.

LARGO, FLORIDA 33770

(CHANGE)

2

MARILYN BROWNE VICE PRESIDENT DDD

2240 LANAI AVENUE

BELLEAIR BLUFFS, FLORIDA 33770

(CHANGE)

KATHY MAMMOLITO DDD

2248 12 TH AVENUE SOUTHWEST

LARGO, FLORIDA 33770

(CHANGE)

October 5, 1999

To whom it may concern,

It has come to the attention of the Mildred Helms PTA that our Non-Profit corporation status has been revoked. Although, the forms were sent in March 1999 and our check cashed there was apparently an error in the paperwork that is just now coming to our attention. After speaking with a representative from your department, I am submitting our revised directors of this PTA. Please accept this information and reinstate our status.

Sincerely,  
Kathy Mammolito  
Treasurer,  
Mildred Helms, PTA  
FEI 23-7628 153