FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731874 (4)

1. Corporation Name

NORTH PALM BEACH ELEMENTARY SCHOOL PTA, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
401 ANCHORAGE DRIVE NORTH PALM BEACH FL 33408	401 ANCHORAGE DRIVE NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 02/12/1975
3a. Date of Last Report: 03/30/1994
4. FEI Number: 23-7102313 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARNAHAN, ALAN 401 ANCHORAGE DR NORTH PALM BEACH FL 33408	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	T	☒ Change ☐ Addition
NAME	BEARD, DEBRA	12 NAME	Cindy Miller	
STREET ADDRESS	224 RIDGE RD	13 STREET ADDRESS	186 Cape Pointe Circle	
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	Jupiter, FL. 33477	
TITLE	RSD	21 TITLE	RSD	☒ Change ☐ Addition
NAME	PASCO, MARY	22 NAME	Mary Bosco	
STREET ADDRESS	133 SAND PINE DR	23 STREET ADDRESS	133 Sand Pine Dr	
CITY-ST-ZIP	JUPITER FL 33477	24 CITY-ST-ZIP	Jupiter, FL. 33477	
TITLE	PD	31 TITLE	PD	☐ Change ☐ Addition
NAME	POWERS, JAN	32 NAME	STEVE Shulman	
STREET ADDRESS	540 FLOTILLA RD	33 STREET ADDRESS	307 ALICANTE DR	
CITY-ST-ZIP	N. PLAM BCH. FL	34 CITY-ST-ZIP	JUNO, FL. 33408	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	WISE, DIANA	42 NAME		
STREET ADDRESS	LIGHTHOUSE DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BCH FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Cindy Miller 4/30/95 407-747-0144
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTIVE OFFICER OR DIRECTOR — Date — Daytime Phone #

Cindy Miller

0048221