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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **737263** **(4)**

1. Corporation Name

PALM CITY ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1951 SW 34TH STREET **PALM CITY FL 34990**	**1951 SW 34TH STREET** **PALM CITY FL 34990**

3. Date Incorporated or Qualified: **11/10/1976**

4. FEI Number: **23-7628365** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARIN, NANCY
1951 SW 34TH STREET
PALM CITY FL 34990

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 _____ 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	PD	☒ DELETE	1.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	TERBORG, APRIL		1.2 NAME	Jennifer Sprott	
STREET ADDRESS	3615 SW THISTLEWOOD LANE		1.3 STREET ADDRESS	3083 SW Summer Ave	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	VPD	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	VANDERVEER, TERRI		2.2 NAME	Debbie Greenbaum	
STREET ADDRESS	2982 MARIPOSA CIRCLE		2.3 STREET ADDRESS	1934 SW Windcross Run	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	Palm City Fl 34990	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALL, JENNY		3.2 NAME		
STREET ADDRESS	2183 S.W. DANFORTH CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	GRAFFMAN, JEANNETTE		4.2 NAME	Cathy Henleben	
STREET ADDRESS	1879 S.W. WINDCROSS RUN		4.3 STREET ADDRESS	2000 SW Danforth	
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP	Palm City, FL	
TITLE	VPD	☐ DELETE	5.1 TITLE	President	☒ Change ☐ Addition
NAME	GLENN, ANA		5.2 NAME		
STREET ADDRESS	3747 S.W. WOODBRIAR LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FOREST, EILEEN		6.2 NAME		
STREET ADDRESS	989 S.W. 31ST STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Ana Glenn 1/28/98 288-0073