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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 737263

1. Corporation Name
PALM CITY ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

558373 - 90025 - 40

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/10/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7628365 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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	~~VP~~	☐ DELETE	1.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	SPROTT, JENNIFER		1.2 NAME		
STREET ADDRESS	3083 SW SUMMER AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 3499		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP D	☐ Change ☒ Addition
NAME	GREENBAUM DEBBIE		2.2 NAME	JEANNE TETER	
STREET ADDRESS	1934 SW WINDCROSS RUN		2.3 STREET ADDRESS	2239 SW DANFORTH CIRCLE	
CITY-ST-ZIP	PALM CITY FL 3499		2.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	HALL, JENNY		3.2 NAME	TESS MURPHY	
STREET ADDRESS	2183 S.W. DANFORTH CIRCLE		3.3 STREET ADDRESS	5403 LANDING CK DR.	
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENLEBEN, CATHY		4.2 NAME		
STREET ADDRESS	2000 SW DANFORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	PRESIDENT D	☐ Change ☒ Addition
NAME	GLENN, ANA		5.2 NAME	SUE GORDON	
STREET ADDRESS	3747 S.W. WOODBRIAR LANE		5.3 STREET ADDRESS	4325 SW BROOKSIDE DR.	
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	☒ DELETE	6.1 TITLE	VP D	☐ Change ☒ Addition
NAME	FOREST, EILEEN		6.2 NAME	LYNNE MART	
STREET ADDRESS	989 S.W. 31ST STREET		6.3 STREET ADDRESS	3553 THISTLEWOOD LANE	
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST-ZIP	PALM CITY FL 34990	

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: SIGNATURE REQUIRED 3/3/99 219-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN GORDON, PRESIDENT

CR2E037 (11/98)