

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744200 (7)
 1. Corporation Name
J.D. PARKER ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business 1050 E 10TH STREET STUART FL 34996-1174	Mailing Address 1050 E 10TH STREET STUART FL 34996-4111
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1978		3a. Date of Last Report 03/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7103300		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BURKE, DORIS 1050 E 10TH STREET STUART FL 34996				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 *Dorcas Haller* **5-19-97**
Signature of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFIELD, LORI	1.2 NAME	Matthew Hollister
STREET ADDRESS	3361 SE INLET HARBOR TREAL	1.3 STREET ADDRESS	221 Hibiscus Ave
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRA, TRISH	2.2 NAME	Polly DeLater
STREET ADDRESS	950 SE PARKWAY	2.3 STREET ADDRESS	4626 SE Pilot Rd
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	STUART, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, FXA	3.2 NAME	IXA Gutierrez
STREET ADDRESS	2978 SE FAIRWAY WEST	3.3 STREET ADDRESS	2978 SE Fairway West
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SLOANE, SUSAN S	4.2 NAME	Deborah Hollister
STREET ADDRESS	1115 RIVERSIDE DRIVE	4.3 STREET ADDRESS	221 Hibiscus Ave
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> A
NAME	HASCUP, DONNA	5.2 NAME	
STREET ADDRESS	1160 EAST 12TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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; if 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: *Dorcas Haller* **5/19/97** **5101-2810-1913**

CR2E037 (9/96)