

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATION
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DOCUMENT # 744200

(7)

1. Corporation Name

J.D. PARKER ELEMENTARY PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1050 E 10TH STREET
STUART FL 34996-1174

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STUART FL 34996-1174

3. Date Incorporated or Qualified

09/07/1978

4. FEI Number

23-7103300

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NEWMAN, GAIL
1050 E 10TH ST.
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	HOLLISTER, MATTHEW	
STREET ADDRESS	221 HIBICUS AVE.	
CITY-STATE-ZIP	STUART FL	

TITLE	VDP	<input type="checkbox"/> DELETE
NAME	DELATER, POLLY	
STREET ADDRESS	4826 SE PILOT RD.	
CITY-STATE-ZIP	STUART FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, IKA	
STREET ADDRESS	2978 SE FAIRWAY WEST	
CITY-STATE-ZIP	STUART FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOLLISTER, DEBORAH	
STREET ADDRESS	221 HIBICUS AVE.	
CITY-STATE-ZIP	STUART FL	

TITLE	VDP	<input checked="" type="checkbox"/> DELETE
NAME	HASCUP, DONNA	
STREET ADDRESS	1180 EAST 12TH STREET	
CITY-STATE-ZIP	STUART FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	

2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELATER, POLLY	
2.3 STREET ADDRESS	4826 SE PILOT RD.	
2.4 CITY-STATE-ZIP	STUART, FL	

3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUTIERREZ, IKA	
3.3 STREET ADDRESS	2978 SE FAIRWAY WEST	
3.4 CITY-STATE-ZIP	STUART, FL	

4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELGIE STEWART	
4.3 STREET ADDRESS	572 RIVERVIEW AVE	
4.4 CITY-STATE-ZIP	STUART FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARY REEDER	
6.3 STREET ADDRESS	1140 E. 12TH ST.	
6.4 CITY-STATE-ZIP	STUART, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(5)(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:

MATTHEW J. HOLLISTER

Date

Daytime Phone #

7-15-98 561-288-2090

CR2E037 (5/98)