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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 747107 (1)
1. Corporation Name
GARDEN ELEMENTARY PARENT-TEACHER ORGANIZATION, INC.

Principal Place of Business Mailing Address
 % 700 CENTER ROAD VENICE FL 34292 % 700 CENTER ROAD VENICE FL 34292

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1979 3a. Date of Last Report 08/22/1994
 4. FEI Number 59-2045047 Applied For Not Applicable
 5. Certificate of Status Desired \$6.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KINDELL, KIM
1702 REEF COURT
VENICE FL 34293**

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 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 607.0508, Florida Statutes.
 SIGNATURE *Kim Kindell* DATE **4-13-95**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASELLA, PAMELA	1.2 NAME	T/P Kingsbury, Jennifer
STREET ADDRESS	3185 EAST VILLAGE DR.	1.3 STREET ADDRESS	2320 Bal Harbour Dr.
CITY - ST - ZIP	VENICE FL 34293	1.4 CITY - ST - ZIP	Venice, FL 34293
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JANE A	2.2 NAME	
STREET ADDRESS	3247 FALLOW RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINDELL, KIM	3.2 NAME	
STREET ADDRESS	1702 REEF COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOTLEMEYER, LAURIE	4.2 NAME	
STREET ADDRESS	3300 MEADOW RUN CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Jennifer H. Kingsbury* DATE: **4/13/95** (813) 497-5085