

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

3. Date Incorporated or Qualified
05/08/1979

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINDELL, KIM
1702 REEF COURT
VENICE FL 34293

81

Name

Teresa Ziegler

82

Street Address (P.O. Box Number is Not Acceptable)

109 First Street

83

84

City

Nokomis

FL

85 Zip Code

34725

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: **X Teresa Ziegler**

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

(NOTE: Registered Agent signature required when reinstating)

4/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE
NAME **KINGSBURY, JENNIFER**
STREET ADDRESS **2320 BAL HARBOUR DRIVE**
CITY-ST-ZIP **VENICE FL**

1.1 TITLE **Treasurer D** ☒ Change ☐ Addition
1.2 NAME **Dolores Meyers**
1.3 STREET ADDRESS **808 Constance Rd**
1.4 CITY-ST-ZIP **Venice FL**

TITLE **SD** ☒ DELETE
NAME **JENNINDS, JANE A**
STREET ADDRESS **3247 FALLOW RD.**
CITY-ST-ZIP **VENICE FL 34293**

2.1 TITLE **Secretary D** ☒ Change ☐ Addition
2.2 NAME **Patty Buckles**
2.3 STREET ADDRESS **670 E. Seminole Dr**
2.4 CITY-ST-ZIP **Venice FL 34293**

TITLE **PD** ☒ DELETE
NAME **KINDELL, KIM**
STREET ADDRESS **1702 REEF COURT**
CITY-ST-ZIP **VENICE FL 34293**

3.1 TITLE **President D** ☒ Change ☐ Addition
3.2 NAME **Teresa Ziegler**
3.3 STREET ADDRESS **109 First St.**
3.4 CITY-ST-ZIP **Nokomis FL 34725**

TITLE **VD** ☒ DELETE
NAME **STOTTMAYER, LAURIE**
STREET ADDRESS **3300 MEADOW RUN CIRCLE**
CITY-ST-ZIP **VENICE FL 34293**

4.1 TITLE **Vice President D** ☒ Change ☐ Addition
4.2 NAME **Pam Casella**
4.3 STREET ADDRESS **3185 East Village Dr**
4.4 CITY-ST-ZIP **Venice FL 34293**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **300001839993**
5.4 CITY-ST-ZIP **-05/28/96--01018--038**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE *****61.25** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-96 316-0151

CR2E037 (12/95)