

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: % 700 CENTER ROAD VENICE FL 34292
Mailing Address: % 700 CENTER ROAD VENICE FL 34292

3. Date Incorporated or Qualified: **05/08/1979**
3a. Date of Last Report: **04/24/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2045047	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
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: *Teresa Ziegler* DATE: **4/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KINGSBURY, JENNIFER		1.2 NAME: Dolores meyers	
STREET ADDRESS: 2320 BAL HARBOUR DRIVE		1.3 STREET ADDRESS: 808 Constance Rd	
CITY-ST-ZIP: VENICE FL		1.4 CITY-ST-ZIP: Venice FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JENNINDS, JANE A		2.2 NAME: Patty Buckles	
STREET ADDRESS: 3247 FALLOW RD.		2.3 STREET ADDRESS: 670 E. Seminole Dr	
CITY-ST-ZIP: VENICE FL 34293		2.4 CITY-ST-ZIP: Venice FL 34293	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KINDELL, KIM		3.2 NAME: Teresa Ziegler	
STREET ADDRESS: 1702 REEF COURT		3.3 STREET ADDRESS: 109 First St.	
CITY-ST-ZIP: VENICE FL 34293		3.4 CITY-ST-ZIP: Nokomis FL 34725	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STOTTMAYER, LAURIE		4.2 NAME: Pam Casella	
STREET ADDRESS: 3300 MEADOW RUN CIRCLE		4.3 STREET ADDRESS: 3185 East Village Dr	
CITY-ST-ZIP: VENICE FL 34293		4.4 CITY-ST-ZIP: Venice FL 34293	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS: 300001839993	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: -05/28/96--01018--038	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: ***61.25	<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 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: *Teresa Ziegler* DATE: **4-22-96** DAYTIME PHONE #: **316-0151**

CR2E037 (12/95)