SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 18 1997 8:00am Secretary of State

DOCUI	MENT	# 747107	7	(1)								
GARDEN ELEMENTARY PARENT-TEACHER ORGANIZATION, I												
NC.												
Principal Place of Business Mailing Address												
% 700 CENTER ROAD % 700 CENTER ROAD												
VENICE FL 34292 VENICE FL 34292								DO NO	· WRITE IN	THIS SPACE		
								3. Date Incorporated or Qu 05/08/1979		Date of Last F 05/24/19	Report 196	
2. Principal Pi	lace of Busin	ness	2a, Mailing Address					4. FEI Number 59-2045047			pplied For ot Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Des	sired [\$8.75	Additional	
City & State			City & State								equired	
23			28					Election Campaign Fina Trust Fund Contribution	ncing [May Be to Fees	
Zip		Country	Zip		Coun	try		8. This corporation owes o				
24	25 29 30 Name and Address of Current Registered Agent							Personal Property Tax of 10. Name and Address of			No_	
81 Name O												
ZIEGLER, TERESA 82 S							以 に	SS (P.O. Box Number is Not A		<u>0</u> 0	<u> </u>	
109 FIRST STREET								Myrtle Ave	2nue	2		
NOKOMIS FL 34725						13		. 1			;	
	b				1	Gity	Ver	lice		FL 85 Zip	Code	
11. Pursuant i	to the vis	lons of Sections 617.0502	2 and 617.15	08, Florida Statut	tes, the abo	we named	1 cornor	retion submits this statement	for the purp	ose of changing	te registered	
office or regist. Jagent, 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 (1) ar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE	1301 dq	et L.John or printed name of registered ager	SOM	Toude	zet !	401	<u> </u>	when reinstating)			197	
12.	Signature, typau	OFFICERS AND			13.	งอะกับระบาลเนา	e required	ADDITIONS/CHANGES T		S AND DIRECTOR	20 IN 10	
TITLE	D/T			DELETE	1.1 TITL	E	DIT		O OLL IOCH	Change	Acidition	
NAME		s, dolores			1.2 NAM	IE .	100	inne Jenning				
STREET ADDRESS		NSTANCE RD.		- c * ' *	1.3°STA	eť address	60	11 Alhambra	Rd.	i		
CITY-ST-ZIP	VENICE	FL			1.4 CITY	-ST-ZIP		nice, FL 34	+28 <u>5</u>			
TITLE	D/S	-A 8477V		☐ DELETE	2.1 TITL		DIS	Su acria Tuto	hor	Change	Addition C	
NAME		ES, PATTY	2.2 NA				}	Sherrie Tuto				
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CITY-ST-ZIP TITLE	D/P	FL 34283		DELETE	2. 4 CIT 3.1 TITL	Y-ST-ZIP	DIP	<u> </u>	enio	Change	Addition	
NAME	-	R, TERESA			3.2 NAN			DEET Johnson		E Change		
STREET ADDRESS		ST STREET				et address	LOV	& Hyrtie Ave	nue			
CITY-ST-ZIP		IIS FL 34725				r-ST-ZIP	1 .		3426	92		
TITLE	D/V			DELETE	4.1 TITL		DIV			Change	☐ Acidition	
NAME	CASELL	.a, pam			4. 2 NAI	ΛE	م دا		_	. 0.1		
STREET ADDRESS		AST VILLAGE DR.E			4.3 STR	EET ADDRESS	168	TE MANASOT	A Bea	ch ka		
CITY-ST-ZIP	VENICE	FL 34293			4.4 CITY	-ST-ZIP		nalewood, I	<u>= L 3 </u>	1223		
TITLE				DELETE	5.1 TITL			•		Change	Addition	
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STREET ADDRESS						EET ADDRESS	1				Ì	
CITY-ST-ZIP						-ST-ZIP	İ					
	y certify tha	t the Information supplied	with this filir	ng does not quali			stated in	Section 119.07(3)(i), Florida	Statutes. I	further certify that	the	

Too hereby centry that the information supplied with this units does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

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