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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747107

1. Corporation Name

**GARDEN ELEMENTARY PARENT-TEACHER ORGANIZATION, I
NC.**

Principal Place of Business

% 700 CENTER ROAD
VENICE FL 34292

Mailing Address

% 700 CENTER ROAD
VENICE FL 34292



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

05/08/1979

4. FEI Number

59-2045047

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

9. Name and Address of Current Registered Agent

JOHNSON, BRIDGET
1008 MYRTLE AVENUE
VENICE FL 34292

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 D/T ☒ DELETE

NAME JENNINGS, JOANNE
STREET ADDRESS 601 ALHAMBRA RD
CITY-ST-ZIP VENICE FL

TITLE D/S ☒ DELETE

NAME TUTCHER, SHERRIE
STREET ADDRESS 1708 BANYAN DR
CITY-ST-ZIP VENICE FL

TITLE D/P ☐ DELETE

NAME JOHNSON, BRIDGET
STREET ADDRESS 1008 MYRTLE AVENUE
CITY-ST-ZIP VENICE FL

TITLE D/V ☐ DELETE

NAME LEE, LOIS
STREET ADDRESS 1687 E MANASOTA BEACH RD
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/T ☐ Change ☒ Addition

1.2 NAME JOHNS, PHYLLIS S.
1.3 STREET ADDRESS 201 PEACH ST.
1.4 CITY-ST-ZIP VENICE, FL 34292

2.1 TITLE D/S ☐ Change ☒ Addition

2.2 NAME CALHOUN, CINDY
2.3 STREET ADDRESS 408 REDWOOD RD
2.4 CITY-ST-ZIP VENICE, FL 34293

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: JOHNS, PHYLLIS S. JOHNS 1/15/99 (941) 486-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)