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CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **748849** (7)  
1. Corporation Name  
**SEMINOLE MIDDLE SCHOOL PTO, INC.**

Principal Place of Business Mailing Address  
**8701 131 STREET NORTH SEMINOLE FL 34646** **8701 131 STREET NORTH SEMINOLE FL 34646**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/10/1979** 3a. Date of Last Report **02/15/1994**  
4. FEI Number **59-1172941** 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**  
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

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

9. Name and Address of Current Registered Agent  
**HERRINGTON, KATE  
8701 131ST STREET NORTH  
SEMINOLE FL 34646**

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE<br><b>PD</b>         | <b>WETHERWAX, LINDA</b><br>13480 DEL PRADO DR S<br>LARGO FL | 1.1 TITLE<br><b>President (PD)</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME<br><b>Joyce Stosic</b>                       |  |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS<br><b>9720 131st St. N.</b>        |  |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP<br><b>Seminole, FL 34646</b>          |  |
| TITLE<br><b>VD</b>         | <b>HOWARD, DEBBIE</b><br>13514 OVAL DR<br>LARGO FL          | 2.1 TITLE<br><b>Vice-President (VD)</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME<br><b>Kathy Kirkland</b>                     |  |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS<br><b>8995 122nd Way N</b>         |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP<br><b>Seminole, FL 34648</b>          |  |
| TITLE<br><b>TD</b>         | <b>STOSIC, JOYCE</b><br>9720 131ST ST N<br>SEMINOLE FL      | 3.1 TITLE<br><b>Treasurer (TD)</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME<br><b>Kathy Desantis</b>                     |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS<br><b>11814 108th Ave. N.</b>      |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP<br><b>Largo, FL 34648</b>             |  |
| TITLE<br><b>S</b>          | <b>KIRKLAND, KATHY</b><br>8995 122ND WAY N.<br>SEMINOLE FL  | 4.1 TITLE<br><b>Deanna Chisholm (SD)</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME<br><b>9893 Windtree Blvd</b>                 |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS<br><b>Seminole, FL 34642</b>       |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VD</b>         | <b>WINNER, JACKIE</b><br>8142 NORWOOD DR<br>LARGO FL        | 5.1 TITLE<br><b>Vice President (VD)</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME<br><b>Karen Bloewie</b>                      |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS<br><b>10595 Nixa St</b>            |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP<br><b>Largo, FL 34648</b>             |  |
| 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 119.07(9)(b), 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 applicable, or on an attachment with an address.

SIGNATURE: Joyce E. Stosic Joyce E. Stosic 3/10/95 595-9315  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR