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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 748849 (7)

1. Corporation Name

SEMINOLE MIDDLE SCHOOL PTO, INC.



Principal Place of Business

Mailing Address

8701 131 STREET NORTH  
SEMINOLE FL 34646

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SEMINOLE FL 34646

3. Date Incorporated or Qualified  
09/10/1979

3a. Date of Last Report  
03/27/1995

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

HERRINGTON, KATE  
8701 131ST STREET NORTH  
SEMINOLE FL 34646

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME STOSIC, JOYCE  
STREET ADDRESS 9720 131ST ST., N  
CITY - ST - ZIP SEMINOLE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE VP  
NAME KIRKLAND, KATHY  
STREET ADDRESS 8995 122ND WAY N  
CITY - ST - ZIP SEMINOLE FL ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☒ Change ☐ Addition

TITLE TD  
NAME DESANTIS, KATHY  
STREET ADDRESS 11814 108TH AVE., N  
CITY - ST - ZIP LARGO FL ☐ DELETE

3.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP ☒ Change ☐ Addition

TITLE SD  
NAME CHIRSHOLM, DONNA  
STREET ADDRESS 9893 WINDTREE BLVD  
CITY - ST - ZIP SEMINOLE FL ☒ DELETE

4.1 TITLE TD  
4.2 NAME H. THOMAS DULIN, III  
4.3 STREET ADDRESS 12894 90TH NORTH  
4.4 CITY - ST - ZIP SEMINOLE, FL 34646 ☐ Change ☒ Addition

TITLE VPD  
NAME BLOECHLE, KAREN  
STREET ADDRESS 10595 NINA ST  
CITY - ST - ZIP LARGO FL ☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

6.1 TITLE VP  
6.2 NAME Wendy Popowski  
6.3 STREET ADDRESS 11048 117 Way North  
6.4 CITY - ST - ZIP LARGO FL 34648 ☐ Change ☒ Addition

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

5/28/96 813-573-4462

Date

Daytime Phone #

CR2E037 (12/95)