

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748849 (7)
1. Corporation Name

SEMINOLE MIDDLE SCHOOL PTO, INC.



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

3. Date Incorporated or Qualified: **09/10/1979**
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.
4. FEI Number: **59-1172941**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	STOSIC, JOYCE 9720 131ST ST., N SEMINOLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	KIRKLAND, KATHY 8995 122ND WAY N SEMINOLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	DESANTIS, KATHY 11814 108TH AVE., N LARGO FL	3.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	CHIRSHOLM, DONNA 9893 WINDTREE BLVD SEMINOLE FL	4.1 TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD	BLOECHLE, KAREN 10595 NINA ST LARGO FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	_____	6.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____	_____	6.2 NAME: Wendy Popowski	
TITLE: _____	_____	6.3 STREET ADDRESS: 11048 117 Way North	
TITLE: _____	_____	6.4 CITY - ST - ZIP: Largo FL 34648	

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: *H. Thomas Dulin, III* **5/28/96 813-573-4462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)