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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
8701 131 STREET NORTH SEMINOLE FL 33776-2715

3. Date Incorporated or Qualified 09/10/1979
3a. Date of Last Report 05/31/1996

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
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
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 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 re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President PD
NAME	STOSIC, JOYCE	1.2 NAME	DeSantis Kathy
STREET ADDRESS	9720 131ST ST., N	1.3 STREET ADDRESS	11814 108TH AVE. N.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Largo, FL
TITLE	VP	2.1 TITLE	Vice President VPD
NAME	WENDY POPOWSKI	2.2 NAME	Debbie Cross
STREET ADDRESS	11048 117 WAY, NORTH	2.3 STREET ADDRESS	1440 Windtree Blvd.
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	SEMINOLE, FL
TITLE	VD	3.1 TITLE	Secretary
NAME	DESANTIS, KATHY	3.2 NAME	Joyce Stosic
STREET ADDRESS	11814 108TH AVE., N	3.3 STREET ADDRESS	9720 131ST ST. N.
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	SEMINOLE FL
TITLE	TD	4.1 TITLE	Treasurer TD
NAME	H. THOMAS DULIN, III	4.2 NAME	Cindy Marten
STREET ADDRESS	12894 90TH TERRACE, NORTH	4.3 STREET ADDRESS	13328 93rd Ave. N.
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	SEMINOLE, FL
TITLE	VPD	5.1 TITLE	
NAME	BLOECHLE, KAREN	5.2 NAME	
STREET ADDRESS	10595 NINA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE Kathy DeSantis / Kathy DeSantis 11814 108th Ave N, Largo, FL 34646

CR2E037 (9/96)