


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 8701 131 STREET NORTH SEMINOLE FL 34646			Mailing Address 8701 131 STREET NORTH SEMINOLE FL 34646		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1172941	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 <i>Kate Herrington</i> (NOTE: Registered Agent signature required when reinstating) DATE 1-23-98					
12. OFFICERS AND DIRECTORS					
TITLE	S	<input type="checkbox"/> DELETE			
NAME	STOSIC, JOYCE				
STREET ADDRESS	9720 131ST ST., N				
CITY-ST-ZIP	SEMINOLE FL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	CROSS, DEBBIE				
STREET ADDRESS	12460 WINDTREE BLVD.				
CITY-ST-ZIP	SEMINOLE FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DESANTIS, KATHY				
STREET ADDRESS	11814 108TH AVE., N				
CITY-ST-ZIP	LARGO FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	MORTEN, CINDY				
STREET ADDRESS	13328 93RD AVE. N.				
CITY-ST-ZIP	SEMINOLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

3. Date Incorporated or Qualified 09/10/1979	
4. FEI Number 59-1172941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE: *Kate Herrington* REQUIRED

1/14/98 813-377-0701

CR2E037 (10/97)