

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748849

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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90004 002 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

33776

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

33776

30

3. Date Incorporated or Qualified

09/10/1979

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

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

Judy LeBeouf

82 Street Address (P.O. Box Number is Not Acceptable)

83

8701 131st Street North

84 City

Seminole

FL

85 Zip Code

33776

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

Judy LeBeouf

7-14-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME CROSS, DEBBIE
STREET ADDRESS 12460 WINDTREE BLVD.
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME MORTEN, CINDY
STREET ADDRESS 13328 93RD AVE. N.
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME Judy Serata
STREET ADDRESS 8273 131st Way N.
CITY-ST-ZIP Seminole FL 33776

2.1 TITLE ☒ Change ☐ Addition

NAME Sharmin Aldrich
STREET ADDRESS 14290 82nd Terr. N.
CITY-ST-ZIP Seminole FL 33776

3.1 TITLE ☒ Change ☐ Addition

NAME Laura Hopkins
STREET ADDRESS 42013 106th Ave. N.
CITY-ST-ZIP Largo FL 33778

4.1 TITLE ☒ Change ☐ Addition

NAME Carol Burress
STREET ADDRESS 12460 Rose St. #16
CITY-ST-ZIP Seminole FL 33772

5.1 TITLE ☒ Change ☐ Addition

NAME Robin Davidson
STREET ADDRESS 13448 Binglewood Ave. N.
CITY-ST-ZIP Seminole FL 33776

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

CAROL L. BURRESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carol L. Burress 7-14-99 727-393-5394
Date Daytime Phone #

CR2E037 (5/99)