

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).

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

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

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 748849**

1. Corporation Name

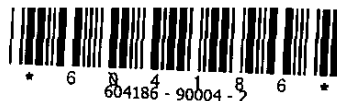
**SEMINOLE MIDDLE SCHOOL PTO, INC.**

Principal Place of Business

8701 131 STREET NORTH  
 SEMINOLE FL 34646

Mailing Address

8701 131 STREET NORTH  
 SEMINOLE FL 34646



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

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

24 33776 25

29 33776 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 **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* **Judy LeBeouf**

**7-14-99**

Signature of individual 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 **S**  DELETE  
 NAME **STOSIC, JOYCE**  
 STREET ADDRESS **9720 131ST ST., N**  
 CITY-ST-ZIP **SEMINOLE FL**

1.1 TITLE  Change  Addition  
 1.2 NAME **Judy Serata**  
 1.3 STREET ADDRESS **8273 131st Way N.**  
 1.4 CITY-ST-ZIP **Seminole FL 33776**

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

2.1 TITLE  Change  Addition  
 2.2 NAME **Sharmin Aldrich**  
 2.3 STREET ADDRESS **14290 82nd Terr. N.**  
 2.4 CITY-ST-ZIP **Seminole FL 33776**

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

3.1 TITLE  Change  Addition  
 3.2 NAME **Laura Hopkins**  
 3.3 STREET ADDRESS **12013 106th Ave. N.**  
 3.4 CITY-ST-ZIP **Largo FL 33778**

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

4.1 TITLE  Change  Addition  
 4.2 NAME **Carol Burruss**  
 4.3 STREET ADDRESS **12460 Rose St. #16**  
 4.4 CITY-ST-ZIP **Seminole FL 33772**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME **Robin Davidson**  
 5.3 STREET ADDRESS **13498 Binglewood Ave. N.**  
 5.4 CITY-ST-ZIP **Seminole FL 33776**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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)(l), 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. Burruss* **Carol L. Burruss** 7-14-99 727-393-5394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

CO1185