

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751613 (1)

1. Corporation Name
**PARENT-TEACHERS CLUB OF MADEIRA BEACH ELEMENTARY
SCHOOL, INC.**

Principal Place of Business Mailing Address
749 MADEIRA CAUSEWAY MADEIRA BCH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1980** 3a. Date of Last Report **06/16/1994**

4. FEI Number **59-2621193** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**DIETZER, M. J.
749 MADEIRA CAUSEWAY
MADEIRA BEACH FL 33708**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	SD
NAME	HAUSDORF, KAREN
STREET ADDRESS	5982 OAKHURST DRIVE
CITY - ST - ZIP	SEMINOLE FL
TITLE	TD
NAME	JUDD, STEPHANIE
STREET ADDRESS	557 LILLIAN DRIVE
CITY - ST - ZIP	MADEIRA BEACH FL
TITLE	PD
NAME	RONZ, RONALD
STREET ADDRESS	6004 OAKHURST DRIVE
CITY - ST - ZIP	SEMINOLE FL
TITLE	VD
NAME	GREER, TERESA
STREET ADDRESS	6263 33RD AVENUE NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kara Gillie
1.3 STREET ADDRESS	14000 Miramar Avenue
1.4 CITY - ST - ZIP	MADEIRA BEACH, FL 33708
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cathy Burr
2.3 STREET ADDRESS	1730 Gulf Boulevard
2.4 CITY - ST - ZIP	Indian Shores, FL 34635
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eric Butler
3.3 STREET ADDRESS	16107 4th Street East
3.4 CITY - ST - ZIP	Redington Beach, FL 33708
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Susan McClain
4.3 STREET ADDRESS	366-145th Avenue
4.4 CITY - ST - ZIP	MADEIRA BEACH, FL 33708
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/20/95

Daytime Phone #

813 347 1120