FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753942** **(2)**

1. Corporation Name
DUNEDIN MIDDLE SCHOOL PTA, INC.

Principal Place of Business	Mailing Address
BOUCHARD, KAREN 896 UNION ST DUNEDIN FL 34698 US	C/O KAREN BOUCHARD 896 UNION ST DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2016860 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 896 Union Street	26 896 Union Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Dunedin, Florida	28 Dunedin, Florida
24 Zip 34698 / 25 Country U.S.A.	29 Zip 34698 / 30 Country U.S.A.

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANDERS, MARGARET 896 UNION ST DUNEDIN FL 34698	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: Margaret Landers, Principal 3/27/95
Signature, typed or printed 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	PD	11 TITLE	PRESIDENT-T	☒ Change ☐ Addition
NAME	BOUCHARD, KAREN	12 NAME	DEDE ANGELELLES	
STREET ADDRESS	1350 SAGO ST.	13 STREET ADDRESS	1625 SAN ROY DRIVE	
CITY-ST-ZIP	DUNEDIN FL	14 CITY-ST-ZIP	DUNEDIN, FLORIDA 34698	
TITLE	PD	21 TITLE	VICE-PRESIDENT-T	☒ Change ☐ Addition
NAME	LABELLE, RICH	22 NAME	LENORA KAUFFMAN	
STREET ADDRESS	1050 CHARLES ST.	23 STREET ADDRESS	614 FREDERICK LANE	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER, FLORIDA	
TITLE	SD	31 TITLE	TREASURER-T	☒ Change ☒ Addition
NAME	ANGELILLIS, DEDE	32 NAME	CATHY WAGNER	
STREET ADDRESS	1625 SAN ROY DR	33 STREET ADDRESS	2757 COUNTRY WOODS LANE	
CITY-ST-ZIP	DUNEDIN FL	34 CITY-ST-ZIP	DUNEDIN, FLORIDA 34698	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	FIVECOAT, NANCY	42 NAME		
STREET ADDRESS	1825 SHIRLEY CT.	43 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Kaye-M Bouchard, Treasurer 4-5-95 813 734-3418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048481