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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 754601

1. Corporation Name

BROOKSHIRE PARENT TEACHER ASSOCIATION, INC.

Principal Place of Business

**400 GREENE DRIVE
WINTER PARK FL 32792**

Mailing Address

**400 GREENE DRIVE
WINTER PARK FL 32792**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/13/1980

4. FEI Number

NOT APPLICABLE

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

**ACKLEY, S.
400 GREENE DR.
WINTER PARK FL 32792**

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 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

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 **DP** ☒ DELETE
NAME **RIGGLE, LYNN**
STREET ADDRESS **400 GREENE DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **DPRI** ☐ DELETE
NAME **ACKLEY, S.**
STREET ADDRESS **400 GREENE DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☒ DELETE
NAME **HEATHCOTT, DEBORAH**
STREET ADDRESS **400 GREENE DRIVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DP** ☐ Change ☒ Addition
1.2 NAME **Roberta Yaros**
1.3 STREET ADDRESS **1861 Carrollee Lane**
1.4 CITY-ST-ZIP **Winter Park, Fl. 32789** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DT** ☐ Change ☒ Addition
3.2 NAME **Linda Batten**
3.3 STREET ADDRESS **619 Gilbert Road**
3.4 CITY-ST-ZIP **Witner park, Fl. 32792** ☐ Change ☒ Addition

4.1 TITLE **DVP** ☐ Change ☒ Addition
4.2 NAME **Diesta Gundacker**
4.3 STREET ADDRESS **271 Cortland Ave.**
4.4 CITY-ST-ZIP **Winter Park, Fl. 32789** ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(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:

Linda Batten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-99

Date

407-644-6889

Daytime Phone #

CR2E037 (1/98)