

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **757369** (4)

1. Corporation Name

THE PINE ISLAND CONCERNED PARENT-TEACHER ORGANIZATION, INCORPORATED



Principal Place of Business

**5360 RIDGEWOOD DR
BOKEELIA FL 33922**

Mailing Address

**5360 RIDGEWOOD DR
BOKEELIA FL 33922**

3. Date Incorporated or Qualified
04/02/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2386010

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**

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

9. Name and Address of Current Registered Agent

**DZIUK, LINDA S
5226 SERENITY COVE
BOKEELIA FL 33922**

10. Name and Address of New Registered Agent

81 Name

Carol A. Lutz

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

3686 Cherry Lane

83

84 City

St James City

FL

85 Zip Code

33956

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

Carol A. Lutz

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

(NOTE: Registered Agent signature required when reinstating)

3-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TT**
STREET ADDRESS **DZIUK, LINDA S**
CITY-ST-ZIP **5226 SERENITY COVE
BOKEELIA FL**

TITLE ☐ DELETE
NAME **TV**
STREET ADDRESS **HOLLOWAY, ERNESTINE**
CITY-ST-ZIP **5714 EASY STREET
BOKEELIA FL**

TITLE ☐ DELETE
NAME **TP**
STREET ADDRESS **LONG, TONI**
CITY-ST-ZIP **8857 REDWOOD DR.
ST. JAMES CITY FL**

TITLE ☐ DELETE
NAME **TL**
STREET ADDRESS **Carol Lutz**
CITY-ST-ZIP **3686 Cherry Lane
St. James City 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
1.2 NAME **T**
1.3 STREET ADDRESS **Carol A. Lutz**
1.4 CITY-ST-ZIP **3686 Cherry Lane
St James City FL 33956**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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:

Carol A. Lutz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96

Date

941-283-9064
Daytime Phone #

CR2E037 (12/95)