


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90132 045 ****61.25

0055807

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758728 1. Corporation Name FUGUITT ELEMENTARY SCHOOL PTA, INC.					
Principal Place of Business 13010 101ST ST NO LARGO FL 34643		Mailing Address 13010 101ST ST NO LARGO FL 34643			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33773 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33773 30 Country		3. Date Incorporated or Qualified 06/11/1981 4. FEI Number 23-7628152 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LASH, JOHN G. 13010 101 ST NORTH LARGO FL 34643			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 <i>[Signature]</i> DATE 1-21-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME TOBERTS, TIM STREET ADDRESS 11644 MURAY AVENUE CITY-ST-ZIP LARGO FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE NAME KWIATEK, CHERYL STREET ADDRESS 12025 106TH AVE., N CITY-ST-ZIP LARGO FL			2.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME CROY, DEBBIE L STREET ADDRESS 11762 110TH TERRACE N CITY-ST-ZIP LARGO FL 33778			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE VD <input checked="" type="checkbox"/> DELETE NAME BARNES, JUDY STREET ADDRESS 10699 119TH STREET CITY-ST-ZIP LARGO FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME GULER, PAM STREET ADDRESS 12057 105 AVE. N CITY-ST-ZIP LARGO FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> DELETE NAME LOMONACO, ELIZABETH STREET ADDRESS 10933 117TH STREET NORTH CITY-ST-ZIP LARGO FL			6.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Pam Guler* **REQUIRE** *Pam Guler* 1/21/99 (727) 820-5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

P.D.

Jim Power

833 13th Ct. SW
Largo, FL 33770

758728 .
53242790/3245;

VD

Sonya Salmon

7501 Ulmerton Rd. Apt. 126
Largo, FL 33771