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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:57

DOCUMENT # 766032 (7)

1. Corporation Name

PLANTATION MIDDLE SCHOOL PARENT-TEACHER ORGANIZATION OF THE PLANTATION MIDDLE SCHOOL

Principal Place of Business	Mailing Address
6600 WEST SUNRISE BLVD PLANTATION FL 33313	6600 WEST SUNRISE BLVD PLANTATION FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1982
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2357815 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PANOS, NANCY
7240 NW 11TH PLACE
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name: RUIZ, MARY
82 Street Address (P.O. Box Number is Not Acceptable): 1701 N.W. 97th AVENUE
83
84 City: PLANTATION FL 85 Zip Code: 33322

11. Pursuant to the provisions of Section 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] 4-10-95
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	TD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PANOS, NANCY	12 NAME	RUIZ, MARY	
STREET ADDRESS	7240 NW 11TH PLACE	13 STREET ADDRESS	1701 N.W. 97th AVENUE	
CITY-ST-ZIP	PLANTATION FL 33313	14 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	21 TITLE	TD	☒ Change ☐ Addition
NAME	ROLF, LOUISE	22 NAME	ROLF, LOUISE	
STREET ADDRESS	1741 NW 95 AVE.	23 STREET ADDRESS	1741 N.W 95 Avenue	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	PD	31 TITLE	VD	☒ Change ☐ Addition
NAME	MERRAK, BONNIE	32 NAME	RUYTENBEEK, ALLISON	
STREET ADDRESS	1730 NW 93 TERR.	33 STREET ADDRESS	9361 NW 15 STREET	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	PRESIDENT WAS V2 NOW 1	☐ 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: Louise A. Rolf Louise A. Rolf 4-24-95 (305)370-3558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040327