## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name 766032

(7)

PLANTATION MIDDLE SCHOOL PARENT-TEACHER ORGANIZA TION OF THE PLANTATION MIDDLE SCHOOL

Principal Place of Business

Malling Address

GOOD WEST SHINDISE BLUD

APPROVEO AND FILED

96 MAY -1 PM 2: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



PLANTATION	FL 33313		PLANTATION FL 33313							
						3. Date Incorporated or Qualified 12/08/1982		of Last ( 5/01/19		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			Applied For	
21			26			59-2357815 Not Applicab			lot Applicable	
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired Security Securi			
City & State	9		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Co	untry	Zip		Country	8. This corporation has liability for	intangible tax			
24	25		29	30		Florida Statutes	Yes 🔀	10	, , , ,	
	9. Name and A	ddress of Current	Registered Agent			10. Name and Address of New R	egistered A	gent		
ruiz, m/					81 Name 82 Street	Massasse Rolf, Loc Address (P.O. Box Number is Not Acceptab	)15E			
1701 N.W. 97TH AVE					171	11 N.W. 95 th AL	E			
PLANIA	TION FL 33322				83					
						PLANTATION	FL	85 Zip	<sup>Code</sup> 3322	
				at <b>ute</b> s, the nor <b>ize</b> d by lutes.	above-named co the corporation's	orporation submits this statement for the pur board of directors. I hereby accept the appo	pose of chan pintment as re	ging its re egistered	egistered office agent. I am	
SIGNATURE	Domse	- a. T	each				5-2-9	96		
12.	Signature typed or printed	name of registered agent ar OFFICERS AND		(NOTE: Regi	istered Agent signature r				00.101.46	
TITLE	PD	OFFICENS AND	DELETE		13. 11 TITLE	ADDITIONS/CHANGES TO OFF		Change	RS IN 12 Addition	
NAME	RUIZ, MARY		oct. ic		12 NAME	CREGORY DONNA		Charige		
STREET ADDRESS	1701 N.W. 977	TH AVE			1.3 STREET ADDRESS	GREGORY, DONNA 1266 N.W. 106 TERR.				
CITY-ST-ZIP	PLANTATION I			- 1	1.4 City-ST-ZIP	PLANTATION FL 3336	ເລ			
TITLE	TD	******	DELETE		2.1 TITLE	VD		Change	Addition	
NAME	ROLF, LOUISE				2.2 NAME	ROLF, LOUISE				
STREET ADDRESS	1741 NW 95 A			•	2.3 STREET ADDRESS	1741 NW 95 th AVE.				
CITY-ST-ZIP	PLANTATION I	<u>L</u>			2 4 CHY-ST-ZIP	PLANTATION FL 3332	2			
TITLE	VD		☐] DELETE		3.1 TITLE	PD		Change	Addition	
NAME	RUYTENBECK			- 1	3.2 NAME	RUYTENBEEK, ALLISON	7			
STREET ADDRESS	9351 NW 15 S			- 1	3.3 STREET ADDRESS	9351 NW 15 ST				
CITY-ST-ZIP	PLANTATION I	<u>L</u>	Finguese	************	3.4. CITY - ST - ZIP	PLANTATION FL 333				
TITLE			DELETE		4.1 TITLE	ن المسادر المنان في		Change	Addition	
NAME					4. 2 NAME	400(		9254 343	교 <b>교4</b>	
STREET ADORESS					4.3 STREET ADDRESS	-05/22/ ****10	36un 30.00 ×			
CITY-ST-ZIP TITLE		······································	DELETE		4.4 CITY - ST - ZIP 5.1 TITLE	4.4.4.4.1	···	Change	Addition	
NAME			Capettite		5.2 NAME		L	Outrings	☐ Woollion	
STREET ADDRESS					5.3 STREET ADDRESS					
CITY-ST-ZIP					5.4 CITY-S1-ZIP					
TITLE			DELETE		6.1 TITLE	\ \mathrea{D} \ .		Change	Addition	
NAME			_		6.2 NAME	1/6/2/10	L			
STREET ADDRESS					6.3 STREET ADDRESS	1 12 A				
CiTY-ST-7IP					6 A CITY - C1 - 7ID	•				

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.