


FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766032** (7)

1. Corporation Name

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



Principal Place of Business 6600 WEST SUNRISE BLVD PLANTATION FL 33313	Mailing Address 6600 WEST SUNRISE BLVD PLANTATION FL 33313-6038
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3. Date Incorporated or Qualified 12/08/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-2357815 Applied For <input type="checkbox"/> 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUIZ, LOUISE
1741 N.W. 95TH AVE
PLANTATION FL 33322**

81 Name ROLF, LOUISE
82 Street Address (P.O. Box Number is Not Acceptable) 1741 NW 95 Ave
83
84 City Plantation
85 Zip Code FL 33322

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 *Louise A. Rolf* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE GREGORY, DONNA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREGORY, DONNA		1.2 NAME	
STREET ADDRESS 1266 N.W. 106 TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL 33322		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE ROLF, LOUISE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROLF, LOUISE		2.2 NAME	
STREET ADDRESS 1741 NW 95 AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL 33322		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE RUYTENBECK, ALLISON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUYTENBECK, ALLISON		3.2 NAME	
STREET ADDRESS 9351 NW 15 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Donna G. Gregory* 2/21/97 954-473-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034867

CR2E037 (9/96)