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Mar 28 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 # 767281 (9)
1. Corporation Name
PETERS ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.



Principal Place of Business 851 NW 68TH AVE. PLANTATION FL 33317	Mailing Address 851 NW 68TH AVE. PLANTATION FL 33317-1239
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/03/1983	3a. Date of Last Report 04/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0898414	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HARRISON, LANA 5750 PINE TERRACE PLANTATION FL 33317		B1 Name	Patricia L. Wilson	
		B2 Street Address (P.O. Box Number is Not Acceptable)	8962 NW 6 COURT	
		B3		
		B4 City	Plantation	FL

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: *Patricia L. Wilson* DATE: **3/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HARRISON, LANA	1.2 NAME	Susan
STREET ADDRESS	5750 PINE TERRACE	1.3 STREET ADDRESS	801 Holly Lane
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	VPD	2.1 TITLE	VPD
NAME	WILLIAMS, DEBBIE	2.2 NAME	Jeanne Daddon
STREET ADDRESS	813 IXORA LANE	2.3 STREET ADDRESS	830 NW 65 AVENUE
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	SD	3.1 TITLE	TD
NAME	NORRIS, NORMA	3.2 NAME	Patricia Wilson
STREET ADDRESS	7820 NW 3RD COURT	3.3 STREET ADDRESS	8962 NW 6 COURT
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	VPD	4.1 TITLE	
NAME	FARRELL, BARBARA	4.2 NAME	
STREET ADDRESS	761 GARDENIA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	BREUNING, COLLEEN	5.2 NAME	
STREET ADDRESS	6901 NW 6TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Patricia L. Wilson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Patricia L. Wilson Treasurer 3/20/97** DATE: **3/20/97** DAY/TIME PHONE # **954-370-6517**

CR2E037 (9/96)