


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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3. Date Incorporated or Qualified <b>03/03/1983</b>		
4. FEI Number <b>65-0898414</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**WILSON, ALICIA L.  
8962 NW 6 CT  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name **Patricia L. Wilson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8962 NW 6 CT**  
83  
84 City **Plantation** FL 85 Zip Code **33324**

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 **1/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON, SUSAN</b>	1.2 NAME	<b>SUSAN Dammyer</b>
STREET ADDRESS	<b>801 HOLLY LANE</b>	1.3 STREET ADDRESS	<b>801 HOLLY LANE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	<b>Plantation, FL 33317</b>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DADON, JEANNE</b>	2.2 NAME	
STREET ADDRESS	<b>830 NW 65 AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORRIS, NORMA</b>	3.2 NAME	
STREET ADDRESS	<b>7820 NW 3RD COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, PATRICIA</b>	4.2 NAME	
STREET ADDRESS	<b>8962 NW 6 CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **1/20/98** **370657**

CR2E037 (10/97)