

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07181 (3)

1. Corporation Name

ENGLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION
, INC.



Principal Place of Business

Mailing Address

% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD FL 34223-3702
US

% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD FL 34223-3702
US

3. Date Incorporated or Qualified

01/18/1985

3a. Date of Last Report

03/03/1995

4. FEI Number

59-2344281

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

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKINSON, ROBERT A
460 S INDIANA AVE
ENGLEWOOD FL 34223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and blank application

Signature typed or printed name of registered agent and blank application

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME WALSH, JENNY
STREET ADDRESS 1615 LORALIN DR
CITY-ST-ZIP ENGLEWOOD FL

11 TITLE PRESIDENT ☒ Change ☐ Addition
12 NAME DEBORAH KAMINSKE
13 STREET ADDRESS 1790 BAYSHORE DRIVE
14 CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE SD ☐ DELETE
NAME PISCOPO, CHERYL
STREET ADDRESS 607 PINENEEDLE LANE
CITY-ST-ZIP ENGLEWOOD FL

21 TITLE SECRETARY ☒ Change ☐ Addition
22 NAME LYNN WAGENSEIL
23 STREET ADDRESS 195 WINSON AVENUE
24 CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE PD ☐ DELETE
NAME WEBER, KIM
STREET ADDRESS 251 WASHINGTON AVE
CITY-ST-ZIP ENGLEWOOD FL

31 TITLE TREASURER ☒ Change ☐ Addition
32 NAME KIM WEBER
33 STREET ADDRESS 1660 LAKEVIEW PLACE
34 CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE TD ☐ DELETE
NAME BROWN, LAURA
STREET ADDRESS 760 HARVARD ST
CITY-ST-ZIP ENGLEWOOD FL

41 TITLE VICE PRESIDENT ☒ Change ☐ Addition
42 NAME NONE
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
m.m.
3-29-96

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.

SIGNATURE:

Deborah Kaminske President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-96

473-1957

Date

Daytime Phone #

CR2E037 (12/95)