SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N07181

(3)

ENGLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION

FILED Sep 23 1997 8:00am Secretary of State

|--|

, INC.							
Principal Place of Business Mailing Address						\$1 E.D. 610 910 910 910 610 010	
N ROBERT A DICKINSON 160 S INDIANA AVE ENGLEWOOD FL 34223-3702 US		% ROBERT A DICKINSON 460 S INDIANA AVE ENGLEWOOD FL 34223-3702 US			DO NOT WRITE 3. Date incorporated or Qualified 01/18/1985	IN THIS SPACE 3a. Date of Last Report 03/29/1996	
2. Princip	ce of Business	f Business 2a. Malling Address 26 /50 N. MCOH			4. FEI Number 59-2344281	Applied For Not Appl cable	
Suite, / 2	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City &	wood, Fi	City & State 28 CASICOCOC	ft.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3	2 25	29 34223 30	Country		This corporation owes or has pail Personal Property Tax due June	30. 🔲 Yes 🔣 No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
DICKIN A, ROBERT A 460 S DIANA AVE			81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
	OOD FL 34223		83				
			84	City		FL 85 Zip Code	
 office or re 	egistered agent, or both, in the Sta	502 and 617.1508, Florida Statutes, le of Florida. Such change was auth gations of, Section 617.0503, Florid	rorized by	the corporation	oration submits this statement for the pu on's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered	
SIGNATURE _	No	ANATE D					
Signature, typed or printed name of registered agent and tille il applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.				nt signature require	ADDITIONS/CHANGES TO OFFICE	DATE EDS AND DIRECTORS IN 10	
TITLE	V	DELETE	1.1 TITLE	Pi	resident /PTAID	Change Addition	
NAME	WALSH, JENNY	7	1.2 NAME		1 sheckler		

STREET ADDRESS 1815 LORALIN DR 1.3 STREET ADDRESS <u>englewood fl</u> CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Laura Dignam PISCOPO CHERYL NAME 2.2 NAME 1448 Lemon Bay Dr. 607 PINENEEDLE LANE STREET ADDRESS 2.3 STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE Change ■ Acidition TITLE 3.1 TITLE WEBER, KIM 251 WASHINGTON AVE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ENGLEWOOD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE TD DELETE 4.1 TITLE Change Addition NAME BROWN, LAURA 4. 2 NAME 760 HARVARD ST STREET ADDRESS 4.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE Kaminske, Deborah NAME 5.2 NAME STREET ADDRESS 1790 BAYSHORE DRIVE 5.3 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition WAGENSSIL, LYNN 6.2 NAME 195 WINSON AVENUE 6.3 STREET ADDRESS STREET ADORESS

ENGLEWOOD FL 34223