FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:07

DOCUMENT # N14237 (4)

1. Corporation Name
CYPRESS ELEMENTARY P.T.O., INC.

Principal Place of Business	Mailing Address
10055 SWEET BAY CT NEW PORT RICHEY FL 34654 US	C/O KAREN ANKRUM 10055 SWEET BAY CT NEW PORT RICHEY FL 34654 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1285198 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 C/O PTO PRESIDENT		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 10055 SWEET BAY CT	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 NEW PORT RICHEY	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 34654 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANKRUM KAREN 9417 HOLNWON CT HUDSON FL 34667	81 Name: SANDS, CYNTHIA 82 Street Address (P.O. Box Number is Not Acceptable): 10305 COPPERWOOD DR 83 84 City: NEW PORT RICHEY FL 85 Zip Code: 34654

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: x [signature] 2-2-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ANKRUM, KAREN	1.2 NAME	SANDS, CYNTHIA	
STREET ADDRESS	9417 HOLNWON CT	1.3 STREET ADDRESS	10305 COPPERWOOD DR	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SANDS, CYNTHIA	2.2 NAME	TONY SEGALLA	
STREET ADDRESS	10305 COPPERWOOD DR	2.3 STREET ADDRESS	7737 AMERICA WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	GIGLIO, JOANNE	3.2 NAME		
STREET ADDRESS	10635 CASEY DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	POTARIS, WILLIAM	4.2 NAME		
STREET ADDRESS	10236 TURKEY OAK DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: x [signature] 2-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020168