

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14237

1. Corporation Name

CYPRESS ELEMENTARY P.T.O., INC.

Principal Place of Business

10055 SWEET BAY CT  
NEW PORT RICHEY FL 34654  
US

Mailing Address

C/O PTO PRESIDENT  
10055 SWEET BAY CT  
NEW PORT RICHEY FL 34654  
US

FILED  
Aug 30, 1999 8:00 am  
Secretary of State

08-30-1999 90011 030 \*\*\*\*61.25

610778-90011-30



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/08/1986

4. FEI Number

59-1285198 54-6000742

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FLETCHER, HELENA V

8725 WORRELL DR.  
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

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

10055 Sweet Bay Ct  
New Port Richey, Fl

83 City

New Port Richey

FL

85 Zip Code

34654

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
FLETCHER, HELENA V  
8725 WORRELL DR.  
NEW PORT RICHEY FL 34654

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD  
HAMILTON, SUZANNE  
2656 BROOKWOOD DR.  
NEW PORT RICHEY FL 34654

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD  
ANGIER, B. CHERIE  
6730 SANDERLING LN.  
HUDSON FL 34667

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Managing Director  
Fletcher, Helena V  
10055 Sweet Bay Ct.  
New Port Richey, FL 34654-5701

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

P.D.  
Tammy Postma  
10055 Sweet Bay Ct.  
New Port Richey, FL 34654

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

PD  
Sherri Parker  
10055 Sweet Bay Ct.  
New Port Richey, FL 34654

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

T.D.  
Ruth Jacobsen  
10055 Sweet Bay Ct.  
New Port Richey, FL 34654

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

\* All above  
\* C/O Cypress Elem

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(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, with all other like empowered.

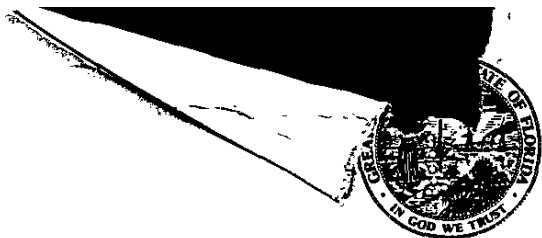
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/99 727-774-4522



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

N1423  
610778-900

August 16, 1999

CYPRESS ELEMENTARY P.T.O., INC.  
C/O PTO PRESIDENT  
10055 SWEET BAY CT  
NEW PORT RICHEY, FL 34654 US

SUBJECT: CYPRESS ELEMENTARY P.T.O., INC.  
Ref. Number: N14237

Please be advised, we have received your annual report for the above corporation and your check(s) totaling \$236.25; however, the report has not been filed and a copy is being returned for the following:

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel  
Document Specialist

Letter Number: 699A00041253

