

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29829 (1)

1. Corporation Name

**MADEIRA BEACH MIDDLE SCHOOL PARENT-TEACHER ASSOC
IATION, INC.**



Principal Place of Business

Mailing Address

**591 TOM STUART CAUSEWAY
MADEIRA BEACH FL 33708
US**

**591 TOM STUART CAUSEWAY
MADEIRA BEACH FL 33708
US**

3. Date Incorporated or Qualified
12/21/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7109314

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

22

27

23

28

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POFF BRENDA
591 TOM STUART CASUEWAY
MADEIRA BEACH FL 33708**

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 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** ☐ DELETE
NAME **HARRISON-STOUT, CYNTHIA**
STREET ADDRESS **11081 - 57TH AVENUE N.**
CITY-ST-ZIP **SEMINOLE FL 34642**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Gail Masterman**
1.3 STREET ADDRESS **11611 Grove St. N**
1.4 CITY-ST-ZIP **Seminole FL 34642**

TITLE **SD** ☐ DELETE
NAME **HEMPFLING, LORI**
STREET ADDRESS **9968 110TH ST. N.**
CITY-ST-ZIP **SEMINOLE FL 34642**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **Paula Hawks**
2.3 STREET ADDRESS **12194 66th Ave N**
2.4 CITY-ST-ZIP **Seminole, FL 34642**

TITLE **TD** ☐ DELETE
NAME **MASTERMAN, GAIL**
STREET ADDRESS **11611 GROVE ST. N.**
CITY-ST-ZIP **SEMINOLE FL 34642**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Robyn Zamparelli**
3.3 STREET ADDRESS **11534 64th Ave N**
3.4 CITY-ST-ZIP **Seminole FL 34642**

TITLE **VPD** ☐ DELETE
NAME **WEYLIE, ANNE**
STREET ADDRESS **19418 GULF BLVD.**
CITY-ST-ZIP **INDIAN SHORES FL 34635**

4.1 TITLE **VPD** ☒ Change ☐ Addition
4.2 NAME **Joan Graug**
4.3 STREET ADDRESS **16003 2nd St E**
4.4 CITY-ST-ZIP **Redington Bk, FL 33708**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: GAIL MASTERMAN Gail Masterman 4/25/96 3925053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)