

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 # N32987

(2)

1. Corporation Name

PARENTS CLUB OF TROOP 324, INC.

Principal Place of Business

1570 NW 126TH STREET
NORTH MIAMI FL 33167
US

Mailing Address

1570 NW 126TH STREET
NORTH MIAMI FL 33167
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/27/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0116092

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

9. Name and Address of Current Registered Agent

BRADFORD, JAMES
1570 NW 126TH STREET
NORTH MIAMI FL 33167

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME RUSHING, LIZ
STREET ADDRESS 811 NE 139TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME HERRING, JOAN
STREET ADDRESS 14620 SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME BRADFORD, JAMES N
STREET ADDRESS 1570 NW 126TH ST
CITY-ST-ZIP N MIAMI FL

TITLE S ☐ DELETE

NAME GUISTRA, ELIZABETH
STREET ADDRESS 1880 NE 176TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE T ☐ DELETE

NAME MC KEEHAN, THERESE
STREET ADDRESS 14140 N.W. 5TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL

TITLE D ☐ DELETE

NAME JOHNSON, THEODORE
STREET ADDRESS 1501 N.W. 133 ST.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S ☒ Change ☐ Addition
Guiotra, Elizabeth
1880 NE 176 ST
N. Miami Beach, FL 33162

D ☒ Change ☐ Addition
Gray, David
13100 NW 12 Ave
N. Miami, FL 33168

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

(305) 825-6286

CR2E037 (12/95)