

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

DOCUMENT # N36797 (1)

1. Corporation Name

DEER PARK ELEMENTARY P.T.O., INC.

Principal Place of Business

Mailing Address

% VINCE SCHELL
8636 TROUBLE CREEK RD
NEW PORT RICHEY FL 34653-7012

% VINCE SCHELL
8636 TROUBLE CREEK RD
NEW PORT RICHEY FL 34653-7012

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SCHELL, VINCE
5521 REDHAWK DR.
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name SHEAWN BROWN
82 Street Address, P.O. Box Number is Not Acceptable 4735 MILL RUN DRIVE
83
84 City NEW PORT RICHEY FL 85 34653

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

Sheawn K. Brown SHEAWN K. BROWN, PTO TREASURER 1 MAR 95

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HARRIS, SANDY
STREET ADDRESS	8960 FAIRCHILD CT
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	PD
NAME	SCHELL, VINCE
STREET ADDRESS	5521 RED HAWK DR.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VD
NAME	SCHELL, VINCE
STREET ADDRESS	5521 RED HAWK DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	RUSSO, LORETTA
STREET ADDRESS	5045 MUSSELSHELL DR.
CITY - ST - ZIP	NEW PORT RICHEY FL 34655
TITLE	SD
NAME	HEISNER, JOYCE
STREET ADDRESS	9710 LOMA LINDA CT
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	NECE, ANN MARIE
STREET ADDRESS	8452 YEARNING LA
CITY - ST - ZIP	NEW PORT RICHEY FL

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	VINCE SCHELL	
1.3 STREET ADDRESS	5521 REDHAWK DRIVE	
1.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	ANN MARIE NECE	
2.3 STREET ADDRESS	8452 YEARNING LANE	
2.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34653	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	SHEAWN BROWN	
3.3 STREET ADDRESS	4735 MILL RUN DRIVE	
3.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34653	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	MARY FALZONE	
4.3 STREET ADDRESS	4904 MUSSELSHELL DRIVE	
4.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	JANET CARANGELO	
5.3 STREET ADDRESS	9041 REMINGTON DRIVE	
5.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34655	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	DEBBIE HUFFMAN	
6.3 STREET ADDRESS	4531 SWALLOWTAIL DRIVE	
6.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34653	

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)(b), 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: *Sheawn K. Brown* SHEAWN K. BROWN 1 MAR 95 (B13)376-2594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number