

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 # **N36797** (1)

1. Corporation Name

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



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
02/26/1990

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-6000792

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, SHEAWIN
4735 MILL RUN DRIVE
NEW PORT RICHEY FL 34653**

81 Name **KATHY Schell**
82 Street Address (P.O. Box Number is Not Acceptable)
5521 Redhawk Dr.
83
84 City **New Port Richey, FL** 85 Zip Code **34655**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement to 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 **KATHY Schell** **Kathy Schell, PTO Treasurer** 3/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHELL, VINCE	
STREET ADDRESS	5521 REDHAWK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NECE, ANN MARIE	
STREET ADDRESS	8452 YEARNING LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, SHEAWIN	
STREET ADDRESS	4735 MILL RUN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FALZONE, MARY	
STREET ADDRESS	4904 MUSSELSHELL DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARANGELO, JANET	
STREET ADDRESS	9041 REMINGTON DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUFFMON, DEBBIE	
STREET ADDRESS	4531 SWALLOWTAIL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEAWN BROWN	
1.3 STREET ADDRESS	4735 MILL RUN DR.	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beth Harrold	
2.3 STREET ADDRESS	Derringer Ct.	
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathy Schell	
3.3 STREET ADDRESS	5521 Redhawk Dr.	
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY Falzone	
4.3 STREET ADDRESS	4904 Mussellsheil Dr.	
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Debbie Huffman	
5.3 STREET ADDRESS	4531 Swallow Tail Drive	
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34658	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Roxanne McDewitt	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

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: **Kathy Schell** **Kathy Schell** 3/11/96 813-346-5658
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)