FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

(1)

	PARK ELEMENTARY P.T.O. se of Business	, INC. Mailing Address * VINCE SCHELL			
8636 TROUBLE CREEK RD 8636 TROUBLE CREEK RD NEW PORT RICHEY FL 34653-7012 NEW PORT RICHEY FL 346		53-7012			
				3. Date Incorporated or Qualified 02/26/1990	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-6000792	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country 80	This corporation has liability for Florido Statutos	intangible tax under s. 199.032, Yes No
[-7]	9. Name and Address of Current	Registered Agent	, , , , , , , , , , , , , , , , , , ,	Florida Statutes 10. Name and Address of New Re	
			81 Name		5
SCHELL, KATHY B2 Street Address				lene Mauro	
5521 REDHAWK DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable 20 Alico Pass	ele)
	ORT RICHEY FL 34655		B3	ZU ATICO FASS	
	OIL TROTIES SE OSOO				·
			84 City	D 1 - D 1	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpora				corporation submits this statement for the n	urpose of changing its registered
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 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.					
				<u> </u>	C10, 0 A
SIGNATURE	Darlene Mauro, T Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered Agent signature	required when reinstaling)	DATE ON S
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	X DELETE	1.1 TITLE	PD	Change XX Addition
NAME	Brown, Shaewn		1.2 NAME	Beth Harold	
STREET ADDRESS	4735 MILL RUN DRIVE		1.3 STREET ADDRESS	5911 Derringer Crt	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	New Port Richey, F	
TITLE	VD	₩ DELETE	2.1 TITLE	VD	Change Addition
NAME	HARROLD, BETH		2.2 NAME	Vince Schell	
STREET ADDRESS	DERRINGER COURT		2.3 STREET ADDRESS	5521 Redhawk Dr.	!
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-\$1-ZIP	New Port Richey, Fl	
TITLE	TD	₹ DELETE	3.1 TITLE	TD	Change XX Addition
NAME	SCHELL, KATHY		3.2 NAME	Darlene Mauro	
STREET ADDRESS	5521 REDHWK DRIVE		3.3 STREET ADDRESS	10620 Alico Pass	
CITY-ST-ZIP	NEW PORT RICHEY FL	E-1	3.4. CITY - ST - ZIP	New Port Richev, FI	
TITLE	SD SALES	X DELETE	4.1 TITLE	SD	Change XX Addition
NAME	FALZONE, MARY		4. 2 NAME	Celia Ponsler	
STREET ADDRESS	4904 MUSSELSHELL DRIVE		4.3 STREET ADDRESS	8419 Glengarry	•
CITY-ST-ZIP	NEW PORT RICHEY FL	E- DELETE	4 4 CITY-ST-ZIP	New Port Richey, FI	d
TITLE	D DECEMBER DECEMBER	X DELETE	51 TITLE	D	Change XX Addition
NAME	HUFFMAN, DEBBIE		5.2 NAME	Christy Poole	
STREET ADDRESS	4531 SWALLOW TAIL DRIVE		5.3 STREET ADDRESS	4341 Oklawaha Ln.	
CITY-ST-ZIP	NEW PORT RICHEY FL	DELETE	5.4 CITY-ST-ZIP	New Port Richey, FI	, , , , , , , , , , , , , , , , , , ,
TITLE	D MODEWITT DOVANNE	X) DELETE	6.1 TITLE	D	Change 💥 🔀 Addition
NAME	MCDEVITT, ROXANNE		6.2 NAME	Roxanne McDevitt	
STREET ADDRESS	4531 SWALLOWTAIL DRIVE		6.3 STREET ADDRESS	9538 Calle Alta	

Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horizontal function 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.

FILED

May 20 1997 8:00am

Secretary of State