

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUN 20 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N38489**

1. Corporation Name

**(3)**

**FAIRVIEW MIDDLE SCHOOL PARENT TEACHER STUDENT OR  
GANIZATION, INC.**

Principal Place of Business

Mailing Address

3415 ZILLAH ROAD  
TALLAHASSEE FL 32301

3415 ZILLAH ROAD  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/07/1990

10/05/1994

4. FEI Number

Applied For

59-2912491

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**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRAM, KAE MRS.  
3132 FERNS GLEN DRIVE  
TALLAHASSEE FL 32308

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 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

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

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO  
NAME TOMASZEWSKI, GARY  
STREET ADDRESS 4040 KIMBERLEY CIR.  
CITY - ST - ZIP TALLAHASSEE FL  
*PLEASE  
DELETE 95-96*

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
**500001520125  
-06/22/95--01013--010  
\*\*\*\*155.00 \*\*\*\*155.00**

TITLE PD  
NAME KEMP, CAROLYN S  
STREET ADDRESS 301 CHAIRES CROSSROAD  
CITY - ST - ZIP TALLAHASSEE FL 32311

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE VD  
NAME ARNOLD, DWIGHT  
STREET ADDRESS 2427 VERDURA WAY  
CITY - ST - ZIP TALLAHASSEE FL 32311

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE SD  
NAME DAVIS, AUDREY H  
STREET ADDRESS 2024 MOCK DRIVE  
CITY - ST - ZIP TALLAHASSEE FL 32301

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
*555  
6/20/95*

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 110.07(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:

*Carolyn S. Kemp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CAROLYN S. KEMP

5-11-95

904-878-2376