

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38489 (3)

1. Corporation Name

**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**

3. Date Incorporated or Qualified
06/07/1990

3a. Date of Last Report
06/20/1995

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

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 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

Kae Ingram

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD KEMP, CAROLYN S** Active
STREET ADDRESS **301 CHAIRES CROASSROAD** President
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE ☐ DELETE
NAME **SD DAVIS, AUDREY H**
STREET ADDRESS **2924 MOCK DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE
NAME **e**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **T Caudill, Kathleen S** Active
1.3 STREET ADDRESS **4540 Louvinia Ct** Treasurer
1.4 CITY-ST-ZIP **Tallahassee FL 32311**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Mark Lazarus, Active** Secretary
2.3 STREET ADDRESS **4260 Kimberly Circle**
2.4 CITY-ST-ZIP **Tallahassee, FL 32308**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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:

Carolyn S. Kemp, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-878-2376

CR2E037 (12/95)