


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Morikane Secretary of State DIVISION OF CORPORATIONS

FILED

97 OCT 30 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N38489 (3)

1. Corporation Name

FAIRVIEW MIDDLE SCHOOL PARENT TEACHER STUDENT ORGANIZATION, 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

06/07/1990

3a. Date of Last Report

03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

59-2912491

Applied For

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

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

CHARLENE HOGAN

82 Street Address (P.O. Box Number is also acceptable)

5439 Pinderton Way

83

Tallahassee

84

Tallahassee

FL

85 Zip Code

32311

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 617.0603, Florida Statutes.

SIGNATURE Charlene N. Hogan

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

(NOTE: Registered Agent signature required when reappointing)

DATE

10/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

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

TITLE T ☒ DELETE

NAME CAUDILL, KATHLEEN S  
STREET ADDRESS 4540 LAUVINIA COURT  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ST ☒ DELETE

NAME LAZARUS, MARK  
STREET ADDRESS 4280 KIMBERLY CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

PRESIDENT

1.2 NAME

RENEE P. TOLLIVER

1.3 STREET ADDRESS

1173 SEMINOLE DRIVE

1.4 CITY-ST-ZIP

TALLAHASSEE, FL 32301

2.1 TITLE

VICE PRESIDENT

2.2 NAME

KAREN CRAWFORD

2.3 STREET ADDRESS

6500 HIDDEN LAKES DR.

2.4 CITY-ST-ZIP

TALLAHASSEE, FL 32311

3.1 TITLE

SECRETARY

3.2 NAME

PAMELA COLEMAN

3.3 STREET ADDRESS

2415 CASTLE TOWERS LN.

3.4 CITY-ST-ZIP

TALLAHASSEE, FL 32301

4.1 TITLE

TREASURER

4.2 NAME

KAREN CRUZ

4.3 STREET ADDRESS

3415 ZILLAH RD

4.4 CITY-ST-ZIP

TALLAHASSEE, FL 32301

5.1 TITLE

CHARLENE HOGAN

5.2 NAME

5439 PINDERTON WAY

5.3 STREET ADDRESS

TALLAHASSEE, FL

5.4 CITY-ST-ZIP

32311

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Charlene N. Hogan 10/8/97 1108-1580

CP2E037 (4/97)