FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41858 (4)

1. Corporation Name
GOLDEN GATE MIDDLE SCHOOL PARENT TEACHER ORGANIZ ATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2701 48 TERRACE SW SUITE 203 NAPLES FL 33999 US	2701 48 TERRACE SW SUITE 203 NAPLES FL 33999 US

3. Date Incorporated or Qualified: 01/28/1991
3a. Date of Last Report: 06/01/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THOMPSON, SHARON
2701 48 TERRACE SW
SUITE 1
NAPLES FL 33999

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RABKIN, DIANE	1.2 NAME	DEHNE, JOHN	
STREET ADDRESS	2701 48TH TERRACE S.W.	1.3 STREET ADDRESS	2701 48th TERRACE S.W.	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 33999	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	DEHNE, JOHN	2.2 NAME	MANZELLI, JANITH	
STREET ADDRESS	2701 48 TERRACE SW	2.3 STREET ADDRESS	2701 48th TERRACE S.W.	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33999	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	DEHNE, CHANTAL	3.2 NAME	DEHNE, CHANTAL	
STREET ADDRESS	2701 48 TERRACE SW	3.3 STREET ADDRESS	2701 48th TERRACE S.W.	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 33999	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	FRANCE, MARTHA	4.2 NAME	FRANCE, MARTHA	
STREET ADDRESS	2701 48 TERRACE SW	4.3 STREET ADDRESS	2701 48th TERRACE S.W.	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 33999	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Chantal Dehne — CHANTAL DEHNE — 4/25/95 — (813)262-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000300