

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43094 (4)

1. Corporation Name

SOUTHSIDE FUNDAMENTAL MIDDLE SCHOOL PARENT/TEACHER/STUDENT ASSOCIATION, INCORPORATED

Principal Place of Business

1701 10TH STREET SOUTH
ST. PETERSBURG FL 33705

Mailing Address

1701 10TH STREET SOUTH
ST. PETERSBURG FL 33705



3. Date Incorporated or Qualified
04/18/1991

3a. Date of Last Report
01/27/1995

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

JACKSON, ROBERT E.
1701 10TH STREET SOUTH
ST. PETERSBURG FL 33705

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

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

Robert Jackson

2-14-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VANDERVEEN, SHARON	
STREET ADDRESS	5747 109TH AVE. NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CZERKAS, OLYA	
STREET ADDRESS	565 RIVIERA BAY DR., NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOVELL, BONNIE	
STREET ADDRESS	9164 85TH AVE. NORTH	
CITY-ST-ZIP	SEMINOLE FL 34647	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PETAGNA, ALICE	
STREET ADDRESS	615 16TH AVE., NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deborah Turner	
1.3 STREET ADDRESS	4110 Bayshore Blvd NE	
1.4 CITY-ST-ZIP	ST Pete FL 33703	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kim Richards	
2.3 STREET ADDRESS	6940 12 Ave N	
2.4 CITY-ST-ZIP	ST Pete FL 33710	
3.1 TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Silver	
3.3 STREET ADDRESS	5116 23 Ave N	
3.4 CITY-ST-ZIP	ST Pete FL 33780	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Alice Petagna	
4.3 STREET ADDRESS	615 16 Ave NE	
4.4 CITY-ST-ZIP	ST Pete FL 33704	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)