

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1701 10TH STREET SOUTH
ST. PETERSBURG FL 337051701 10TH STREET SOUTH
ST. PETERSBURG FL 33705-25473. Date Incorporated or Qualified
04/18/19913a. Date of Last Report
02/19/1996

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

4. FEI Number

-59-1517598 23-7628083

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, DEBORAH	
STREET ADDRESS	4110 BAYSHORE BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, KIM	
STREET ADDRESS	6940 12 AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SILVER, MICHAEL	
STREET ADDRESS	5116 23 AVENUE NNORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETAGNA, ALICE	
STREET ADDRESS	615 16TH AVE., NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richards, Kim	
1.3 STREET ADDRESS	6940 12th Av. N.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Silver, Michael	
2.3 STREET ADDRESS	5116 23rd Av. N.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Reidy, Bill	
3.3 STREET ADDRESS	4300 Overlook Dr. NE	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Weber, Maryann	
4.3 STREET ADDRESS	4123 10th St. NE	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maryann Weber (813) 821-9528

Date

Daytime Phone # 0050116

CR2E037 (9/96)