

# 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 # N45602 (2)**

1. Corporation Name

**COLUMBIA ELEMENTARY SCHOOL PTA INC.**



Principal Place of Business

**650 COLUMBIA SCHOOL RD  
ORLANDO FL 32833**

Mailing Address

**650 COLUMBIA SCHOOL RD  
ORLANDO FL 32833**

3. Date Incorporated or Qualified  
**10/14/1991**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**23-7106547**

Applied For  
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, SYLVIA  
650 COLUMBIA SCHOOL RD  
ORLANDO FL 32833**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **GRIMES, VICKY**  
STREET ADDRESS **3829 LAKE PICKETT CT**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☒ DELETE  
NAME **MULLEN, TINA**  
STREET ADDRESS **17631 EVANS TRAIL**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE  
NAME **GODERIS, DEBBIE**  
STREET ADDRESS **20406 MAXIM PKWY**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE  
NAME **GRAY, ELISE**  
STREET ADDRESS **2821 E 8TH ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **DVP** ☐ DELETE  
NAME **BOYD, SYLVIA**  
STREET ADDRESS **650 COLUMBIA SCHOOL RD**  
CITY-ST-ZIP **ORLANDO FL 32833**

TITLE **D** ☐ DELETE  
NAME **WAGNER, LINDA**  
STREET ADDRESS **2036 S. TANNER RD.**  
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition  
22 NAME **Marr, Robin**  
23 STREET ADDRESS **2362 Albion Av**  
24 CITY-ST-ZIP **Orlando, FL 32833**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition  
42 NAME **SD**  
43 STREET ADDRESS **Lape, Deron**  
44 CITY-ST-ZIP **1516 10th St.  
Orlando, FL 32820**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

*Debbie Goderis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/29/96*  
Date

*(401) 568-8555*  
Daytime Phone

CR2E037 (12/95)