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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32833-2779



3. Date Incorporated or Qualified
10/14/1991

3a. Date of Last Report
03/18/1996

4. FEI Number
23-7106547

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, VICKY	
STREET ADDRESS	3829 LAKE PICKETT CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MADE, ROBIN	
STREET ADDRESS	2362 ALBION AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GODERIS, DEBBIE	
STREET ADDRESS	20406 MAXIM PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAPE, DERON	
STREET ADDRESS	1516 10TH STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BOYD, SYLVIA	
STREET ADDRESS	650 COLUMBIA SCHOOL RD	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, LINDA	
STREET ADDRESS	2036 S. TANNER RD.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Debbie Goderis	
1.3 STREET ADDRESS	20406 maxim pkwy	
1.4 CITY-ST-ZIP	Orlando, FL 32833	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Linda Wagner	
2.3 STREET ADDRESS	2036 S. Tanner Rd	
2.4 CITY-ST-ZIP	Orlando, FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharon Veres	
3.3 STREET ADDRESS	17110 Drawdy Ct	
3.4 CITY-ST-ZIP	Orlando FL 32820	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: Sharon Veres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 (407) 568-8606
Date Daytime Phone # 0018332

CR2E037 (9/96)