

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45602

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

FILED

99 JUL 19 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/11/99 90109 006 7/16/25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/14/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7106547	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	Marlene Jackson	
82	Street Address (P.O. Box Number is Not Acceptable)		
83		650 Columbia School Rd.	
84	City	Orlando	FL 85 Zip Code 32833

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 *Marlene Jackson*

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

(NOTE: Registered Agent signature required when reinstating)

7/15/99
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUTHER, PAM			1.2 NAME	Joanne Johnson		
STREET ADDRESS	2890 BABBITT AVE			1.3 STREET ADDRESS	3906 Sunnybrook Ct.		
CITY-ST-ZIP	ORLANDO FL 32833			1.4 CITY-ST-ZIP	Orlando, FL 32820		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COATS, DIANNA			2.2 NAME	Carolyn McCulley		
STREET ADDRESS	1505 S TANNER RD			2.3 STREET ADDRESS	20650 Newby St.		
CITY-ST-ZIP	ORLANDO FL 32833			2.4 CITY-ST-ZIP	Orlando, FL 32823		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VERES, SHARON			3.2 NAME	Alison Lonergan		
STREET ADDRESS	17110 DRAWDY CT			3.3 STREET ADDRESS	4123 Sunnybrook Ct.		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando, FL 32820		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COATS, SANDY			4.2 NAME	Diane Pearl		
STREET ADDRESS	2843 ABNEY AVE			4.3 STREET ADDRESS	2305 Baker Avenue		
CITY-ST-ZIP	ORLANDO FL 32833			4.4 CITY-ST-ZIP	Orlando, FL 32833		
TITLE	DVP	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, MARLENE M			5.2 NAME	Marlene Jackson		
STREET ADDRESS	630 COLUMBIA SCHOOL RD			5.3 STREET ADDRESS	650 Columbia School Rd.		
CITY-ST-ZIP	ORLANDO FL 32833			5.4 CITY-ST-ZIP	Orlando, FL 32833		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *Alison Lonergan* 7/14/99 (407) 568-5820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)

**Columbia Elementary
School PTA, Inc.**

650 Columbia School Road
Orlando, Florida 32833

July 14, 1999

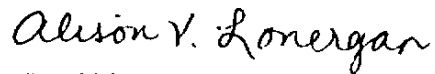
Division of Corporations
Annual Reports Filings
Attn: Trevor Brumbley
P.O. Box 6327
Tallahassee, Florida 32314

Regarding: Document #N45602

Dear Mr. Brumbley:

Enclosed please find a newly completed Corporation Annual Report for 1999. The previously submitted report was returned several times for various errors and is practically illegible at this point. In addition, new officers were elected in May and those changes have been reflected in the newly completed report. I hope this will be acceptable with you. Please call me at (407) 568-5820 if you require further assistance with this matter.

Sincerely,



Alison V. Loneragan
Treasurer

Enclosure