## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N46323**

1. Corporation Name

PARENTS INVOLVED IN EDUCATION, INC.

Principal Place of Business MIDDLE SCHOOL 7 VERO BEACH FL 32967

Mailing Address

2556 44TH STREET VERO BEACH FL 32967

## FILED Apr 23, 1999 8:00 am § Secretary of State

04-23-1999 90153 019 \*\*\*\*61.25



Principal Place of Business     2a. Mailing Address     3. Date Incorporated or Qualif	fed
21 12/02/1991	
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number	Applied For
22 59-3146886	Not Applica
City & State 5. Certificate of Status Desired	d \$8.75 Additional
Zip Country Zip Country 6. Election Campaign Financia	ng S5.00 May Be
24 25 29 30 Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of Ne	w Registered Agent
81 Name	
MACKAGNI PEARI	
JACKSON, PEARL  82 Street Address (P.O. Box Number is Not Acce	eptable)
2556 44 ST	•
VERO BEACH FL 32967	
84 City	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 office or registered adent, of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acagent. I am familiar with, and accept the entitiesticns of, Section 617.0503, Florida Statutes.	the purpose of changing its registered ccept the appointment as registered
agent. I am familiar with, and accept the entrastions of, Section 617.0503, Florida Statutes.	11/11/10
SIGNATURE JULY CHUMNATA	4122177
Signature, typed of printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
3773276773	OFFICERS AND DIRECTORS IN 12
TITLE DELETE 1.11TILE	☐ Change ☐ Add
NAME JACKSON, PEARL 12 NAME	
STREET ADDRESS 2556 44TH ST. 1.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 14 CITY-ST-ZIP	
TITLE D DELETE 2.1 TITLE	Change Add
NAME PHINEZEE, WILLIE M 22 NAME	
STREET ADDRESS 4805 35TH AVE. 2.3 STREET ADDRESS	•
CITY-ST-ZIP VERO BEACH FL 2.4 CITY-ST-ZIP	
TITLE D DELETE 3.1.TITLE	Change Add
William Pertin	
4040 0407 4187	
WEDD REACH EL	
CITY-ST-ZIP VERO BEACH FL 3.4.CITY-ST-ZIP  TITLE D DELETE 4.1 TITLE	☐ Change ☐ Ad
NAME POWELL, ANNIE L	
STREET ADDRESS 4606 30TH AVE. 4.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 4.4 CITY-ST-ZIP .	☐ Change ☐ Ad-
TITLE DELETE 5.11TILE	☐ Custige ☐ Add
NAME; BUCKNER, LUCILLE 52 NAME	•
STREET ADDRESS 4355 34TH CT. 5.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 5.4 CITY-ST-ZIP	<u> </u>
TITLE D DELETE 6.1 TITLE	Change Ad
NAME PINKNEY, RACHEL 62 NAME	
STREET ADDRESS 2820 41ST ST. 6.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: