

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N47167** (4)

1. Corporation Name

**DELTONA LAKES ELEMENTARY SCHOOL PTA, INC.**



Principal Place of Business

2022 ADELIA BLVD  
DELTONA FL 32725  
US

Mailing Address

2022 ADELIA BLVD  
DELTONA FL 32738

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 32725

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

03/10/1995

4. FEI Number

59-2285705

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

9. Name and Address of Current Registered Agent

SEKUNNA, CHRIS  
1724 TOPAZ TERR  
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

Ball, Sheri

82 Street Address (P.O. Box Number is Not Acceptable)

2182 Vance Road

83

84 City

Deltona

FL

85 Zip Code

32738

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEKUNNA, CHRIS	
STREET ADDRESS	1724 TOPAZ TERR	
CITY - ST - ZIP	DELTONA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TELFYAN, LYNN	
STREET ADDRESS	1813 RADA TERR.	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RADCLIFF, RHODA	
STREET ADDRESS	2022 ADELIA BLVD	
CITY - ST - ZIP	DELTONA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, KAREN	
STREET ADDRESS	1232 BEACHDALE DR	
CITY - ST - ZIP	DELTONA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WALLER, SANDY	
STREET ADDRESS	3136 LOBLOLLY ST	
CITY - ST - ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ball, Sheri	
1.3 STREET ADDRESS	2182 Vance Road	
1.4 CITY - ST - ZIP	Deltona, FL 32738	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Obremski, Diane	
2.3 STREET ADDRESS	2140 Vance Road	
2.4 CITY - ST - ZIP	Deltona, FL 32738	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Parker, Rusty	
3.3 STREET ADDRESS	1395 Summit Hill Dr.	
3.4 CITY - ST - ZIP	Deltona, FL 32725	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wilkins, Bonnie	
4.3 STREET ADDRESS	1541 Naples Circle	
4.4 CITY - ST - ZIP	Deltona, FL 32738	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bravo, Lysa	
5.3 STREET ADDRESS	2212 Kent Rd.	
5.4 CITY - ST - ZIP	Deltona, FL 32738	
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 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: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96

Date

(904) 709-8091

Daytime Phone #

CR2E037 (3/96)