

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N50790

(7)

1. Corporation Name

BOCA RATON ELEMENTARY PARENT TEACHER ORGANIZATIO
N, INC.

Principal Place of Business

Mailing Address

103 S W FIRST AVE.
BOCA RATON FL 33432

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BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

07/21/1994

4. FEI Number

65-0357602

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ FILING FEE IS
\$61.25

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

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 33432

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLSTEIN, HARVEY
850 E CAMINO REAL
BOCA RATON FL 33432

81 Name

Helen Ferreira

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

103 SW First Ave

83

84 City

Boca Raton

FL

85 Zip Code

33432

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 officer 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

Helen E. Ferreira

Helen E. Ferreira Treasurer

DATE

6-30-95

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME REY, KATHY
STREET ADDRESS 1051 NE 2ND TERRACE
CITY-ST-ZIP BOCA RATON FL

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

D/P Nancy Chrisman
103 SW First Ave
Boca Raton FL 33432

TITLE D
NAME KINBACHER, SHEILA
STREET ADDRESS 201 NE 6TH ST
CITY-ST-ZIP BOCA RATON FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

D/P Bill Buchanan
103 SW First Ave
Boca Raton FL 33432

TITLE S
NAME RHOADS, PHYLLIS
STREET ADDRESS 300 N.E. 6TH STREET
CITY-ST-ZIP BOCA RATON FL

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

D/P Craig Stanforth
103 SW First Ave
Boca Raton FL 33432

TITLE D
NAME PENA, REGINA
STREET ADDRESS 259 SW 2 STREET
CITY-ST-ZIP BOCA RATON FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

D/S Lynn Albert
103 SW First Ave
Boca Raton FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Helen E. Ferreira

Helen E. Ferreira Treasurer

6-30-95 338-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number