	FILE NOW: F	ILING FEE IS	\$61.2	25		FIL	ED	
		FLO		RTMENT OF ST	ATE	Feb 09 199	98 8:	00an
	UAL REPORT			B. Mortham ary of State		Secretary		
			ORPORATIONS		_ Scoretary		State	
DOCU 1. Corporation	MENT # N507	'90	(7)					
BOCA	RATON ELEMENTARY P	ARENT TEACHE	r orgai	NIZATIO				
N, INC								
Principal Place of Business Mailing Address 103 \$ W FIRST AVE. 103 \$W FIRST AVE BOCA RATON FL 33432 BOCA RATON FL 33432						E IMALIJAI ANI ALISI NDEIJ 2021A VĀIEL ODEI DIĀJI	01010 01011 01911 U	NAN CINI ICNI
						3. Date Incorporated or Qualified 09/08/1992		
		US				4. FEI Number	A	pplied For
2. Principal F	Place of Business	2a. Mailing À	ddress			65-0357602		ot Applicable
21 Suite, Apt.	# etc	26 Suite, Ap	# oto	·		5. Certificate of Status Desired	Fee R	lequired
22		27				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
City & Stat 23	te	City & Sta	ite			 Is this nonprofit corporation a homeown Yes 	ners associatio	n?
Zip 24	Country	Zip 29		Country 30		8. This corporation owes or has paid the c	ourrent year in	itangible
	9. Name and Address of Cu		nt			Personal Property Tax due June 30. 10. Name and Address of New Registere		
REI 7ER	, DONNA					INDA SACHS		
103 SW	FIRST AVE				Street Addr	ress (P.O. Box Number is Not Acceptable)	5.W. 1	st Ave.
BOCA R	ATON FL 33432			83				
					Dity B	oca Raton Fl	L 85 Zip	Code 432
11. Pursuant office or r	to the provisions of Sections 617.0 registered agent, or both, in the St	0502.apd 617.1508. Fi						
agent. La	im femiliar win/ and accept the or	ate of Florida. Such cl	onda Statute 18009 was a 17 0503 Fiz	es, the above-na authorized by the pride Statutes	amed corp e corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing i ppointment as	ts registered registered
agent. I a SIGNATURE	Nindat	tacho	-L1.	NDA S	amed corp e corporati	boration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing i ppointment as - 78	its registered s registered
SIGNATURE	tioner to typed or printed name of regimered OFFICERS	agent and title If applicable AND DIRECTORS	(NOTI	NDA S E: Registered Agent si 13.	amed corp e corporati	boration submits this statement for the purpose ion's board of directors. I hereby accept the ap	VD DIRECTOR	
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SIGNATURE . 12. TITLE NAME STREET ADDRESS	OFFICERS DV MCKENNA, RAE 103 SW FIRST AVE	agent and title If applicable AND DIRECTORS	(NOTI	NDA S E: Registered Agent si 13.	amed corp e corporati ACH	boration submits this statement for the purpose ion's board of directors. I hereby accept the ap $\frac{2-3}{2-3-3}$ ad when reinstating) DATE	VD DIRECTOR	RS IN 12
SIGNATURE . 12. The NAME	Computer Street of Printed name of regimered OFFICERS DV MCKENNA, RAE	agent and title If applicable AND DIRECTORS	(NOTI	E: Repistered Agent ei 13. 1.1 TiTLE 1.2 NAME	amed corporati	boration submits this statement for the purpose ion's board of directors. I hereby accept the ap $\frac{2-3}{2-3-3}$ ad when reinstating) DATE	VD DIRECTOR	75 IN 12
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