


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004697 (9) 1. Corporation Name MT. VERNON ELEMENTARY PTA, INC.			
Principal Place of Business 4629 - 13TH AVENUE NORTH ST. PETERSBURG FL 33713		Mailing Address 4629 13TH AVE N ST. PETERSBURG FL 33713-5101	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/11/1993		3a. Date of Last Report 08/09/1996	
4. FEI Number 23-7109343		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent LASKEY, KIMBERLY H 4629 - 10TH AVENUE NORTH ST. PETERSBURG FL 33713		10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WALKER, LISA		
STREET ADDRESS	4701 13TH AVE., N.		
CITY - ST - ZIP	ST. PETE. FL 33713		
TITLE	VPD	<input type="checkbox"/> DELETE	
NAME	OGDIE, ROBERTA		
STREET ADDRESS	5019 18TH AVE., N.		
CITY - ST - ZIP	ST. PETE. FL 33713		
TITLE	VDC	<input checked="" type="checkbox"/> DELETE	
NAME	OGDIE, ROBBIE		
STREET ADDRESS	4629 13 AVE. NORTH		
CITY - ST - ZIP	ST PETERSBURG FL 33713		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	LASKEY, KIM		
STREET ADDRESS	4629 10TH AVE., N.		
CITY - ST - ZIP	ST. PETERSBURG FL 33713		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	JENSEN, PAM		
STREET ADDRESS	6722 35TH AVE., N.		
CITY - ST - ZIP	ST. PETE. FL 33710		
TITLE	C	<input checked="" type="checkbox"/> DELETE	
NAME	KICKLIGHTER, JANICE		
STREET ADDRESS	4534 13TH AVE., S.		
CITY - ST - ZIP	ST. PETE. FL 33711		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	VDC Heather Palmer		
3.3 STREET ADDRESS	4326 Wm Ave N.		
3.4 CITY - ST - ZIP	St Petersburg FL 33713		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	C Sandra Hawkins		
6.3 STREET ADDRESS	4629 13 Ave N		
6.4 CITY - ST - ZIP	St Petersburg FL 33713		
14. I do 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.			
SIGNATURE: Kimberly H. Laskey Kimberly H. Laskey 4-25-97 813-321-3078 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051016			

CR2E037 (9/96)