

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:18

DOCUMENT # N93000005312 (4)

1. Corporation Name

RIVIERA ELEMENTARY PARENT TEACHERS ORGANIZATION,
INC.

Principal Place of Business

Mailing Address

RIVIERA ELEMENTARY SCHOOL
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

RIVIERA ELEMENTARY SCHOOL
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1993

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3214009

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

\$68.75 Supplemental
Fee Not Required

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILCOX, LAURA
RIVIERA ELEMENTARY SCHOOL
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

81 Name

JENNY CARRARO

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

351 RIVIERA ELEMENTARY SCHOOL

83 351 RIVIERA DRIVE N.E.

84 City

PALM BAY, FL

FL

85 Zip Code

32905

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering)

DATE

Treasurer

4-17-95

12. OFFICERS AND DIRECTORS

TITLE
NAME

PD
WILCOX, LAURA
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

PD
HODGES, DEBRA
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

VD
WILLIAMS, GINA
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

VD
BIGWOOD, MARY
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

SD
SCHMIDT, ANGELA
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

TD
BENAVIDEZ, CONNIE
351 RIVIERA DRIVE N.E.
PALM BAY FL 32905

STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

CO-PRESIDENT (P) - 1

☒ Change ☐ Addition

12 NAME

CYNDI GIBBARD (MOVED AWAY)

13 STREET ADDRESS

351 RIVIERA DRIVE N.E.

14 CITY - ST - ZIP

PALM BAY, FL 32905

21 TITLE

PRESIDENT (P) - D

☒ Change ☐ Addition

22 NAME

GWEN OLIVER

23 STREET ADDRESS

351 RIVIERA DRIVE N.E.

24 CITY - ST - ZIP

PALM BAY, FL 32905

31 TITLE

VICE PRESIDENT (V) - D

☒ Change ☐ Addition

32 NAME

DENISE FITZPATRICK

33 STREET ADDRESS

351 RIVIERA DRIVE N.E.

34 CITY - ST - ZIP

PALM BAY, FL 32905

41 TITLE

SECRETARY (S) - D

☒ Change ☐ Addition

42 NAME

MARIA DECKERT

43 STREET ADDRESS

351 RIVIERA DRIVE N.E.

44 CITY - ST - ZIP

PALM BAY, FL 32905

51 NAME

TREASURER (T)

☒ Change ☐ Addition

52 NAME

JENNY CARRARO

53 STREET ADDRESS

351 RIVIERA DRIVE N.E.

54 CITY - ST - ZIP

PALM BAY, FL 32905

61 TITLE

FUND-RAISING CHAIRPERSON

☒ Change ☐ Addition

62 NAME

TRACY ALLEVA

63 STREET ADDRESS

351 RIVIERA DRIVE N.E.

64 CITY - ST - ZIP

PALM BAY, FL 32905

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 person or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNY CARRARO, TREASURER

4/17/95 (401) 676-4237