

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 # **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**



3. Date Incorporated or Qualified  
**11/23/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRARO, JENNY  
RIVIERA ELEMENTARY SCHOOL  
351 RIVIERA DR NE  
PALM BAY FL 32905**

81 Name

**DEBRA HODGES**

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

**RIVIERA ELEMENTARY SCHOOL**

83

**351 RIVIERA DR NE**

84 City

**PALM BAY**

**FL**

85 Zip Code

**32905**

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

*Debra Hodges*  
Signature, typed or printed name of registered agent, and title if applicable

**DEBRA HODGES PRESIDENT**

**06/20/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILCOX, LAURA</b>	
STREET ADDRESS	<b>351 RIVIERA DRIVE N.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLIVER, GWEN</b>	
STREET ADDRESS	<b>351 RIVIERA DR NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>FITZPATRICK, DENISE</b>	
STREET ADDRESS	<b>351 RIVIERA DR</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>DECKERT, MARIA</b>	
STREET ADDRESS	<b>351 RIVIERA DRIVE N.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>CARRARO, JENNY</b>	
STREET ADDRESS	<b>351 RIVIERA DRIVE N.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALLEVA, TRAVY</b>	
STREET ADDRESS	<b>351 RIVIERA DRIVE N.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DEBRA HODGES</b>	
1.3 STREET ADDRESS	<b>351 RIVIERA DR NE</b>	
1.4 CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CHRISTINA WARNER</b>	
4.3 STREET ADDRESS	<b>351 RIVIERA DRIVE NE</b>	
4.4 CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JENNY CARRARO</b>	
5.3 STREET ADDRESS	<b>351 RIVIERA DRIVE NE</b>	
5.4 CITY-ST-ZIP	<b>PALM BAY FL</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEBRA HODGES PRESIDENT**

**06/20/96 4076764237**

Date

Daytime Phone #

CR2E037 (3/96)