

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000197 (3)

1. Corporation Name

SOUTH FLORIDA PRESCHOOL PTA, INC.



Principal Place of Business

Mailing Address

11767 S DIXIE HWY #437
MIAMI FL 33156

11767 S DIXIE HWY #437
MIAMI FL 33156

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/13/1994

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0426221

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

10. Name and Address of New Registered Agent

81

Name

DONNA LYONS

82

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

10525 SW. 132 CT.

83

84

City

MIAMI

FL

85 Zip Code

33186

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

Donna Lyons

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

(NOTE: Registered Agent signature required when reinstating)

1/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LESNIEWSKI, JOAN
14421 SW 83RD CT
MIAMI FL 33158**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WOLLMANN, JENNIFER
10109 SW 60TH AVENUE
MIAMI FL 33156**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LYONS, DONNA
10525 SW 132ND CT
MIAMI FL 33186**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PIJUNK, DIANE
12850 SW 74 ST
MIAMI FL 33156**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **President / D.**

1.3 STREET ADDRESS **Donna Lyons**

1.4 CITY-ST-ZIP **10525 SW 132 CT.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Miami, FL 33186**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Secretary / D.**

3.3 STREET ADDRESS **Madeleine Uolum**

3.4 CITY-ST-ZIP **16980 S.W. 88 CT.**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Miami, FL 33157**

4.3 STREET ADDRESS **Treasurer / D.**

4.4 CITY-ST-ZIP **Nicole Scagnelli**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **6822 S.W. 744 Terr.**

5.3 STREET ADDRESS **Miami, FL**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **000001838200**

6.3 STREET ADDRESS **-05/24/96--01028--043**

6.4 CITY-ST-ZIP *****61.25**

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:

Donna Lyons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

DATE

305-387-0723

DAYTIME PHONE #

CR2E037 (12/95)