

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000197 (3)**

1. Corporation Name

SOUTH FLORIDA PRESCHOOL PTA, INC.



Principal Place of Business P.O. BOX 560772 MIAMI FL 33156-0772	Mailing Address P.O. BOX 560772 MIAMI FL 33156-0772
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3. Date Incorporated or Qualified 01/13/1994
4. FEI Number 65-0426221
Applied For <input type="checkbox"/> Not Applicable

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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent EVANS, HOLLY 7330 SW 165 ST. MIAMI FL 33157

10. Name and Address of New Registered Agent 81 Name Connie Lyons 82 Street Address (P.O. Box Number is Not Acceptable) 18480 SW 83 Place 83 84 City Miami FL 85 Zip Code 33157

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **1-15-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P EVANS, HOLLY
STREET ADDRESS	7330 SW 165 ST.
CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> DELETE
NAME	VPD WOLLMANN, JENNIFER
STREET ADDRESS	8885 SW 161 ST.
CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> DELETE
NAME	SD WEGER, JUDY
STREET ADDRESS	7540 SW 122 ST.
CITY-ST-ZIP	MIAMI FL 33158
TITLE	<input type="checkbox"/> DELETE
NAME	TD SCAGNELLI, NICOLE
STREET ADDRESS	6822 SW 144 TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Connie Lyons
1.3 STREET ADDRESS	18480 SW 83 Place
1.4 CITY-ST-ZIP	Miami, FL 33157
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD Nicole Scagnelli
2.3 STREET ADDRESS	6822 SW 144 Terr.
2.4 CITY-ST-ZIP	Miami, FL 33158
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Amy Parker
3.3 STREET ADDRESS	12001 SW 64 ct.
3.4 CITY-ST-ZIP	Miami, FL 33156
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Nancy Michelson
4.3 STREET ADDRESS	10061 SW 144 Street
4.4 CITY-ST-ZIP	Miami, FL 33176
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* DATE: **1-8-98 (30)35 33157**

CP2E037 (10/97)