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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000197

1. Corporation Name
SOUTH FLORIDA PRESCHOOL PTA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 560772 MIAMI FL 33156-0772	P.O. BOX 560772 MIAMI FL 33156-0772

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/13/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0426221 -- Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Func Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONNIE LYONS
18480 SW 83 PLACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Debra Pezoldt
82 Street Address (P.O. Box Number is Not Acceptable): 16325 SW 84 Ct
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: Debra H. Pezoldt - Treasurer DATE: 1/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EVANS, HOLLY 7330 SW 165 ST. MIAMI FL 33157	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Nicole Lebon-Scagnelli 6822 SW 144 Terrace Miami, Fl 33158	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WOLLMANN, JENNIFER 8885 SW 161 ST. MIAMI FL 33157	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President - D Stella Carter 8305 SW 118 Terrace Miami, Fl 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEGER, JUDY 7540 SW 122 ST. MIAMI FL 33156	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary - D Renee Ezell 17351 SW 87 Court Miami, Fl 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCAGNELLI, NICOLE 6822 SW 144 TERR. MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer - D Debra Pezoldt 16325 SW 84 Ct Miami, Fl 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Debra H. Pezoldt 1/18/99 (305) 232-6412
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #