

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90045 019 ****61.25

DOCUMENT # N94000001048

1. Corporation Name

SANJOSE ELEMENTARY SCHOOL P.T.A., INC.

Principal Place of Business

1670 SAN HELEN DRIVE
DUNEDIN FL 34698

Mailing Address

1670 SAN HELEN DRIVE
DUNEDIN FL 34698



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/25/1994

4. FEI Number

59-2141931

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

9. Name and Address of Current Registered Agent

BUTTS, STACEY
1670 SAN HELEN DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name DEBRA ROSS
82 Street Address (P.O. Box Number is Not Acceptable)
1477 SANTA CLARA DR.
83
84 City DUNEDIN, FL 85 Zip Code 34698

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 Debbie Ross Debbie Ross - Treasurer 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, SANDY	
STREET ADDRESS	1519 GLAYDS CIR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUTTS, STACY	
STREET ADDRESS	1680 SAN HELEN DR.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARRISON, ROBERTA	
STREET ADDRESS	1374 LOTUS DR N.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRADY, CATHY	
STREET ADDRESS	1657 SAN MATEO	
CITY-ST-ZIP	DUNEDIN 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD MARY ROUSH
2.3 STREET ADDRESS	1360 MICHIGAN BLVD.
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD ROSS, DEBRA
3.3 STREET ADDRESS	1477 SANTA CLARA DR.
3.4 CITY-ST-ZIP	DUNEDIN, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Debbie Ross 4/21/99 469-5956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)