SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:48

DOCUMENT # **N94000002086 (6)**

1. Corporation Name

GEORGE JENKINS HIGH SCHOOL PARENT, TEACHER, STUD ENT ORGANIZATION, INC.

Principal Place of Business	Mailing Address
6000 LAKELAND HIGHLANDS RD LAKELAND FL 33813	6000 LAKELAND HIGHLANDS RD LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:
4. FEI Number: [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

MYERS, BETH
6000 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

10. Name and Address of New Registered Agent

01 Name: TRIMBLE, JANE B.
02 Street Address (P.O. Box Number is Not Acceptable):
03: 6000 Lakeland Highlands Road
04 City: Lakeland **FL** 05 Zip Code: 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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: Jane B. Trimble, President 7-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	[XX] Change [ ] Addition
NAME	MYERS, BETH	12 NAME	TRIMBLE, JANE B.	
STREET ADDRESS	2014 COUNT CT	13 STREET ADDRESS	2045 High Vista Drive	
CITY-ST-ZIP	LAKELAND FL 33813	14 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VD	21 TITLE	VD	[X] Change [ ] Addition
NAME	CASWELL, CAROL	22 NAME	HELLERICH, ELAINE	
STREET ADDRESS	510 GOLDENROD CT	23 STREET ADDRESS	1134 Lake Point Drive	
CITY-ST-ZIP	LAKELAND FL 33813	24 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VD	31 TITLE	TURNER, SHIRLEY	[X] Change [ ] Addition
NAME	BAETEN, KATHY	32 NAME		
STREET ADDRESS	2117 DUNBARTON WAY	33 STREET ADDRESS	Birch Lane	
CITY-ST-ZIP	LAKELAND FL 33813	34 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	SD	41 TITLE	SD	[X] Change [ ] Addition
NAME	DAVIS, TERESA	42 NAME	RHOADS, ELIZABETH	
STREET ADDRESS	1818 N SANDY KNOLL CIR	43 STREET ADDRESS	1220 Brighton Way	
CITY-ST-ZIP	LAKELAND FL 33813	44 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	TD	51 TITLE	TD	[X] Change [ ] Addition
NAME	HODGES, STEPHEN R	52 NAME	DOUGHERTY, MARSHALL H. JR.	
STREET ADDRESS	516 PENINSULA DR	53 STREET ADDRESS	2029 Windwood Lane	
CITY-ST-ZIP	LAKELAND FL 33813	54 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D	61 TITLE	D	[XX] Change [ ] Addition
NAME	REYNOLDS, GLENN	62 NAME	LAUER, DAVID	
STREET ADDRESS	6000 LAKELAND HIGHLANDS RD	63 STREET ADDRESS	6000 Lakeland Highlands Road	
CITY-ST-ZIP	LAKELAND FL 33813	64 CITY-ST-ZIP	Lakeland, FL 33813	

CR2E037 (3/95)

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)(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: Jane B. Trimble Jane B. Trimble 7-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013936