

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002086 (6)

1. Corporation Name

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



Principal Place of Business

6000 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

Mailing Address

6000 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

59-3370889

3. Date Incorporated or Qualified
04/22/1994

3a. Date of Last Report
07/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FBT Number

APPLIED FOR (SEE ATTACHED)

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

9. Name and Address of Current Registered Agent

TRIMBLE, JANE B
6000 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

M.H. DOUGHERTY JR TREASURER 4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TRIMBLE, JANE B
STREET ADDRESS 2045 HIGH VISTA DR
CITY - ST - ZIP LAKELAND FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE VD
NAME HELLERICH, ELAINE
STREET ADDRESS 1134 LAKE POINTE DR
CITY - ST - ZIP LAKELAND FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE VD
NAME TURNER, SHIRLEY
STREET ADDRESS BIRCH LANE
CITY - ST - ZIP LAKELAND FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE SD
NAME RHOADS, ELIZABETH
STREET ADDRESS 1220 BRIGHTON WAY
CITY - ST - ZIP LAKELAND FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE TD
NAME DOUGHERTY, MARSHALL H JE
STREET ADDRESS 2029 WINDWOOD LANE
CITY - ST - ZIP LAKELAND FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D
NAME LAUER, DAVID
STREET ADDRESS 6000 LAKELAND HIGHLANDS RD
CITY - ST - ZIP LAKELAND FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

100001897800
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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:

M.H. DOUGHERTY JR

4/30/96

(941) 519-2294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CS 7/18/96

CR2E037 (12/95)