

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002086 (6)

1. Corporation Name

GEORGE JENKINS HIGH SCHOOL PARENT, TEACHER, STUDENT ORGANIZATION, INC.

Principal Place of Business

6000 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

Mailing Address

6000 LAKELAND HIGHLANDS RD
LAKELAND FL 33813-3877

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

07/18/1996

4. FEI Number

59-3370889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

DAVID LAUER

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID LAUER

4/24/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | TRIMBLE, JANE B | |
| STREET ADDRESS | 2045 HIGH VISTA DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HELLERICH, ELAINE | |
| STREET ADDRESS | 1134 LAKE POINTE DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | TURNER, SHIRLEY | |
| STREET ADDRESS | BIRCH LANE | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | RHOADS, ELIZABETH | |
| STREET ADDRESS | 1220 BRIGHTON WAY | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DOUGHERTY, MARSHALL H JE | |
| STREET ADDRESS | 2029 WINDWOOD LANE | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAUER, DAVID | |
| STREET ADDRESS | 6000 LAKELAND HIGHLANDS RD | |
| CITY-ST-ZIP | LAKELAND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CAROLYN WILLIAMS |
| 1.3 STREET ADDRESS | 6000 LAKELAND HIGHLANDS ROAD |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JOSE FARINAS |
| 2.3 STREET ADDRESS | 6000 LAKELAND HIGHLANDS ROAD |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | COLLEEN KREMER |
| 4.3 STREET ADDRESS | 6000 LAKELAND HIGHLANDS ROAD |
| 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 do 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, changed, or on an attachment with an address.

SIGNATURE:

MARSHALL H. DOUGHERTY, JR. 4/24/97 (94) 644-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053190

CR2E037 (9/96)