SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

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 JUN 21 AM 10:01

DOCUMENT # N94000002490 (0)

1. Corporation Name
STINGRAY'S PARENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4534 OAK BAY DRIVE WEST JACKSONVILLE FL 32211	4534 OAK BAY DRIVE WEST JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report:
4. FEI Number: 59-3249277 ☐ 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 ☐ — 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HESCOCK, CAROL
4534 OAK BAY DRIVE WEST
JACKSONVILLE FL 32211

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 _____ DATE
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	HESCOCK, CAROL	12 NAME		
STREET ADDRESS	4534 OAK BAY DRIVE WEST	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	VAUGHN, JUDY	22 NAME		
STREET ADDRESS	3931 HILL TERRACE COURT	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	NEWTON, KATHY	32 NAME		
STREET ADDRESS	4335 WHISPERING INLET DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	TD	☑ Change ☐ Addition
NAME	SHANNON, IRENE	42 NAME	SHORAKA, FREDERICA	
STREET ADDRESS	3917 BROOKDALE CT.	43 STREET ADDRESS	5222 Golf Course Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32277	44 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TURBA, BOB	52 NAME		
STREET ADDRESS	1111 OVINGTON RD.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PEMBERTON, JOHN	62 NAME		
STREET ADDRESS	5439 WOODWIND TERR.	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277	64 CITY-ST-ZIP		

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: Frederica Shoraka FREDERICA SHORAKA 6/15/95 (904)743-1740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002394