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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90224 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000457

1. Corporation Name

FRANCES WAKELAND ELEMENTARY PTO, INC.

Principal Place of Business

1812 27TH STREET EAST
BRADENTON FL 34208

Mailing Address

1812 27TH STREET EAST
BRADENTON FL 34208



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/27/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0530450
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRADLEY, CHUCK
7515 19TH AVE DR W
BRADENTON FL 34209

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 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	TP	1.1 TITLE	
NAME	STEVENS, DEBORAH	1.2 NAME	
STREET ADDRESS	1202 27TH ST E	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	TT	2.1 TITLE	
NAME	FRADLEY, CHUCK	2.2 NAME	
STREET ADDRESS	7515 19TH AVE DR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	
NAME	SMITH, DEIDRE	3.2 NAME	
STREET ADDRESS	1011 57TH AVE PLACE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	
NAME	WILLIAMS, BERTHINA	4.2 NAME	
STREET ADDRESS	5920 11TH ST E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)