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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003121

1. Corporation Name

ABIG-SLC PARENT-TEACHER ASSOCIATION, INC.

Principal Place of Business

**ABIG-SLC
11222 QUAIL ROOST DRIVE
MIAMI FL 33157
US**

Mailing Address

**11195 S.W. 196 ST.
MIAMI FL 33157
US**

155130 - 90070 - 17



2. Principal Place of Business

21 11195 SW 196 ST

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0594154

Applied For
Not Applicable

City & State

23 MIAMI FL

City & State

28 MIAMI FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

24 33157

Country

25 USA

Zip

29 33157

Country

30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**PLATT, DEBRA
9470 S.W. 80TH ST.
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name Wendy Lyn

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

14650 SW 141 PLACE

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Wendy Lyn
Signature, typed or printed name of registered agent and title if applicable.

WENDY LYN

1/7/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE

NAME **PLATT, DEBRA**
STREET ADDRESS **9470 S.W. 80TH ST.**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **PD** ☐ DELETE

NAME **SHARP, BETSY**
STREET ADDRESS **11925 S.W. 89TH AVE.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ DELETE

NAME **BALCHUN, DEBBIE**
STREET ADDRESS **14615 S.W. 139TH CT.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SD** ☐ DELETE

NAME **MAY, LAURIE**
STREET ADDRESS **14740 S.W. 159TH ST.**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition

1.2 NAME **Lyn, Wendy**
1.3 STREET ADDRESS **14650 SW 141 PLACE**
1.4 CITY-ST-ZIP **MIAMI, FL 33186**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **Betsy Sharp**
2.3 STREET ADDRESS **11925 SW 89 Ave**
2.4 CITY-ST-ZIP **Miami FL 33176**

3.1 TITLE **VD** ☒ Change ☐ Addition

3.2 NAME **Elaine Robinson**
3.3 STREET ADDRESS **7815 SW 140 Ave**
3.4 CITY-ST-ZIP **Miami, FL 33183**

4.1 TITLE **SD** ☒ Change ☐ Addition

4.2 NAME **Vicki Hernandez**
4.3 STREET ADDRESS **14450 SW 289 St**
4.4 CITY-ST-ZIP **Leisure City FL 33033**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: **BETSY SHARP** **1/21/99 (505) 253-2244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)