

**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 # N 95000004056 (6)**  
1. Corporation Name

**THE PARENT EDUCATION PROJECT, INC.**

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

**8/21/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 214 OAK AVENUE**

2a. Mailing Address

**26 214 OAK AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 SANTORD, FL**

27 City & State

**28 SANTORD, FL**

24 Zip

**32771**

25 Country

**SEMINOLE**

29 Zip

**32771**

30 Country

**SEMINOLE**

4. FEI Number

**59-3332655**

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

**GREEN, LILLIE M.  
315 MAGNOLIA AVENUE  
SANTORD, FL 32771**

10. Name and Address of New Registered Agent

**81 Name LEVONIA WYNN**

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

**214 OAK AVENUE**

83

84 City

**SANTORD**

**FL**

85 Zip Code

**32771**

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

*Levon Wynn*

**LEVONIA WYNN**

**May 30, 1996**

Signature, typed or printed name of registered agent and firm applicable

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, LILLIE M	
STREET ADDRESS	319 MELODY LANE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOTA, ROSE	
STREET ADDRESS	100 GREEN BRANCH	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORDILS-DAVILA, MARINIA	
STREET ADDRESS	284 NORTH POST WAY	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BILLY R. LEE, JR.	
13 STREET ADDRESS	1345 28th STREET	
14 CITY-ST-ZIP	SANTORD, FL 32771	
21 TITLE	VICE PRESIDENT (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LEVONIA WYNN	
23 STREET ADDRESS	3260 NORTH HIGHWAY 17-92	
24 CITY-ST-ZIP	LEWESWOOD, FL 32750	
31 TITLE	BOARD MEMBER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CAROLYN TAVEL	
33 STREET ADDRESS	1600 SILVER STAR ROAD	
34 CITY-ST-ZIP	ORLANDO, FL 32804	
41 TITLE	SECRETARY/TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LORETTA HARVEY	
43 STREET ADDRESS	2553 CLAIRMONT AVENUE	
44 CITY-ST-ZIP	SANTORD, FL 32773	
51 TITLE	BOARD MEMBER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	GENEVA FAYSON	
53 STREET ADDRESS	32 CASTLE BREWER COURT	
54 CITY-ST-ZIP	SANTORD, FL 32771	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	400001858734	
63 STREET ADDRESS	-06/11/96--01157--029	
64 CITY-ST-ZIP	***61.25	

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: *Levon Wynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 30, 1996** (407) 328-1123

Date

Daytime Phone #

CR2E037 (12/95)