

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005936 (7)**

1. Corporation Name

PERRINE ELEMENTARY P.T.A., INC.

Principal Place of Business

Mailing Address

**8851 S.W. 168TH ST
MIAMI FL 33157**

**8851 S.W. 168TH ST
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERBRICK, EVALEE
17420 S.W. 92ND COURT
MIAMI FL 33157**

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

Eva Berbrick

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 **P** ☐ DELETE
NAME **SANCZYK, SHELLY**
STREET ADDRESS **8800 S.W. 181 TWRRACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **V** ☒ DELETE
NAME **ZABIELINSKI, ANNE**
STREET ADDRESS **18889 S.W. 73RD CT.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **T** ☒ DELETE
NAME **BERBRICK, EVALEE**
STREET ADDRESS **17420 S.W. 92ND CT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **TREASURER** ☐ Change ☒ Addition
2.2 NAME **Kathleen Happle**
2.3 STREET ADDRESS **8805 SW 178 Terr**
2.4 CITY-ST-ZIP **MIAMI FL 33157**

3.1 TITLE **Vice-Pres** ☒ Change ☐ Addition
3.2 NAME **EVA Berbrick**
3.3 STREET ADDRESS **17420 SW 92 CT**
3.4 CITY-ST-ZIP **MIAMI FL 33157**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

8/5 305234-0425

CR2E037 (4/97)