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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000005546

1. Corporation Name
KENWORTHY PARENT TEACHERS ASSOCIATION, INC.

Principal Place of Business: 866 LAKE HOWELL RD, MAITLAND FL 32751
 Mailing Address: P O BOX 622494, OVIEDO FL 32762-2494



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	09/29/1997
23. City & State	27. City & State	4. FEI Number
24. Zip	28. Zip	59-3425237
25. Country	29. Country	5. Certificate of Status Desired
30. Country	30. Country	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUTZ, H 2993 HARBOUR LENDING WAY CASSELBERRY FL 32707	81 Name: Catherine Posner 82 Street Address: 476 E. Fairbanks Ave 83 84 City: Winter Park FL 85 Zip Code: 32789

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: *C Posner* 3/22/99 DATE: 3/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: BONNER, G	1.1 TITLE: P	1.2 NAME: Rotan D
STREET ADDRESS: 1581 WARRINGTON ST	CITY-ST-ZIP: WINTER SPGS FL 32708	1.3 STREET ADDRESS: 545 Woodfire Way	1.4 CITY-ST-ZIP: CASSELBERRY, FL 32707
TITLE: V	NAME: BONNER, L	2.1 TITLE: Karen Hays	2.2 NAME: 2899 Harbour Grace Ct
STREET ADDRESS: 1581 WARRINGTON ST	CITY-ST-ZIP: WINTER SPGS FL 32708	2.3 STREET ADDRESS: APOPKA, FL 32703	2.4 CITY-ST-ZIP:
TITLE: T	NAME: LUTZ, H	3.1 TITLE: Treasurer	3.2 NAME: Catherine Posner
STREET ADDRESS: 2993 HARBOUR LANDING WAY	CITY-ST-ZIP: CASSELBERRY FL 32703	3.3 STREET ADDRESS: 476 E. Fairbanks Ave	3.4 CITY-ST-ZIP: Winter Park, FL 32789
TITLE: D	NAME: HAYS, K	4.1 TITLE: Special Event Director	4.2 NAME: MELISSA Burger
STREET ADDRESS: 2879 HARBOUR GRACE CT	CITY-ST-ZIP: APOPKA FL 32701	4.3 STREET ADDRESS: 3075 Goldsboro Place	4.4 CITY-ST-ZIP: OVIEDO FL 32765
TITLE: D	NAME: BERROGER, W	5.1 TITLE: Financial Director	5.2 NAME: Kevin G. Casoy
STREET ADDRESS: 3119 RIDEL PL	CITY-ST-ZIP: ORLANDO FL 32817	5.3 STREET ADDRESS: 1024 Creeks Bend Dr	5.4 CITY-ST-ZIP: CASSELBERRY FL 32707
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: SIGNATURE REQUIRED *C Posner* 5/10/99

CR2E037-11/98