


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90059 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006677					
1. Corporation Name VAN R. BUTLER ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC					
Principal Place of Business 6694 WEST COUNTY HWY.30A SANTA ROSA BEACH FL 32459			Mailing Address 6694 WEST COUNTY HWY.30A SANTA ROSA BEACH FL 32459		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/19/1998	
				4. FEI Number 59-3545929	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CONERLY, LAMAR JR. 1234 AIRPORT RD.,STE.111 DESTIN FL 32541				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director →	1.2 NAME	Willie McGhee
STREET ADDRESS		1.3 STREET ADDRESS	52 Canal St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director →	2.2 NAME	Kathleen Burke
STREET ADDRESS		2.3 STREET ADDRESS	282 White Heron Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director →	3.2 NAME	Jim Foley
STREET ADDRESS		3.3 STREET ADDRESS	57 Fig Ct
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director →	4.2 NAME	Ann Hartley
STREET ADDRESS		4.3 STREET ADDRESS	5399 E Highway 30, A # 105
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Seagrave Beach, FL 32459
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Ann Hartley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Treasurer

4-21-99

850 231 3232

Date

Daytime Phone #

CR2E037-11198