

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90014 043 ****70.00

DOCUMENT # N03000000350

1. Entity Name
WYNNEBROOK ELEMENTARY PTA, INC.



Principal Place of Business
1167 DREXEL ROAD
WEST PALM BEACH, FL 33417

Mailing Address
1167 DREXEL ROAD
WEST PALM BEACH, FL 33417

49010000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-NP

CR2E037 (10/03)

4. FEI Number

(? 60-22-114181570)

Applied For

Not Applicable

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEGG, JEFF
1167 DREXEL ROAD
WEST PALM BEACH, FL 33417

Name

Street

City

We were not
sure about this
Answer
Line 4

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office
the obligations of registered agent.

I am familiar with, and accept

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME EADIE, EVA
STREET ADDRESS 1167 DREXEL ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE VD ☐ Delete
NAME BROWN, STACEY
STREET ADDRESS 1167 DREXEL ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE VD ☐ Delete
NAME BEDWELL, SHERRIE
STREET ADDRESS 1167 DREXEL ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE SD ☒ Delete
NAME UPTGRAPH, PAMELA
STREET ADDRESS 1167 DREXEL ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE TD ☒ Delete
NAME MCLAUGHLIN, ROBIN
STREET ADDRESS 1167 DREXEL ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE TD ☐ Delete
NAME BOOTH, JOY
STREET ADDRESS 1167 DREXEL ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME Dominguez, Edith
STREET ADDRESS 1167 Drexel Road
CITY-ST-ZIP West Palm Beach, FL 33417

TITLE TD ☒ Change ☐ Addition
NAME Uptgraph, Pamela
STREET ADDRESS 1167 Drexel Road
CITY-ST-ZIP West Palm Beach, FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-04 5616405086