2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90106 036 ****70.00

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1. Entity Name
WYNNEBROOK ELEMENTARY PTA, INC.

50050565

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

03212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
60-2211418
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Jeff Pegg 4-26-05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EADIE, EVA
STREET ADDRESS	1167 DREXEL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	VD
NAME	BROWN, STACEY
STREET ADDRESS	1167 DREXEL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	VD
NAME	~~BEDWELL, SHERRIE~~ Shears, Shamika
STREET ADDRESS	1167 DREXEL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	SD
NAME	~~DOMINGUEZ, EDITH~~ Bedwell, Sherrie
STREET ADDRESS	1167 DREXEL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TD
NAME	UPTEGRAPH, PAMELA
STREET ADDRESS	1167 DREXEL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	~~TD~~
NAME	~~BOOTH, JOY~~
STREET ADDRESS	~~1467 DREXEL ROAD~~
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33417~~

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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] Eva L Eadie 4-26-05 640 5086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #