


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90060 006 ****61.25

DOCUMENT # N10338
 1. Entity Name
IDA M. STEWART ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.



Principal Place of Business
7905 15TH AVENUE N.W. BRADENTON, FL 34209

Mailing Address
7905 15TH AVENUE N.W. BRADENTON, FL 34209



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1309239

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Featherston
SEXTON, JACKIE L
7904 - 25TH AVE WEST
BRADENTON, FL 34209

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Jackie L. Featherston*
 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	V	<input checked="" type="checkbox"/> Delete
NAME	HOOKER, KAREN	
STREET ADDRESS	2022 84TH ST CIRCLE NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DODSON, LINDA	
STREET ADDRESS	1304 64 ST NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEXTON, JACKIE	
STREET ADDRESS	7904 - 25TH AVE. WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	SR	<input type="checkbox"/> Delete
NAME	ROTHFELD, JULIE	
STREET ADDRESS	2519 89TH ST NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ISIMINGER, PATRICIA	
STREET ADDRESS	8904 12TH AVE NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, KATHI	
STREET ADDRESS	1002 99TH ST NW	
CITY-ST-ZIP	BRADENTON, FL 34209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peters, Carol	
STREET ADDRESS	5720 - 6th Ave NW	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carder, Kim	
STREET ADDRESS	7616 - 4th Ave Dr.	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Featherston, Jackie	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Sperounes	
STREET ADDRESS	8721 - 12th Ave NW	
CITY-ST-ZIP	Bradenton, FL 34209	

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: *Patricia D. Isiminger* **2-4-04 941-761-4335**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #