

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90021 001 \*\*\*\*61.25

**DOCUMENT # N26522**

1. Entity Name

**JANIE HOWARD WILSON ELEMENTARY SCHOOL PARENT - T  
EACHER ORGANIZATION, INC.**



Principal Place of Business

**306 FLORIDA AVENUE  
LAKE WALES FL 33853  
US**

Mailing Address

**306 FLORIDA AVENUE  
LAKE WALES FL 33853  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOWARD, JOSEPHINE M ED.S.  
306 FLORIDA AVENUE  
LAKE WALES FL 33853**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **BODIFORD, DAWN**  
STREET ADDRESS **2901 OLD BARTOW RD**  
CITY-ST-ZIP **LAKE WALES FL 33859**

TITLE **P.D.** ☒ Change ☐ Addition  
NAME **CAPPS, MARJORY**  
STREET ADDRESS **3495 AMELIA ST**  
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE **VPD** ☒ Delete  
NAME **CAPPS, MARJORY**  
STREET ADDRESS **3495 AMELIA ST**  
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **BODIFORD, DAWN**  
STREET ADDRESS **2901 OLD BARTOW RD**  
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE **S** ☐ Delete  
NAME **HAYES, DWEN**  
STREET ADDRESS **302 FLORIDA AVE**  
CITY-ST-ZIP **LAKE WALES FL 33859**

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

TITLE **TD** ☐ Delete  
NAME **COX, EDWARD**  
STREET ADDRESS **533 BERMUDA DR**  
CITY-ST-ZIP **LAKE WALES FL 33859**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**4-28-03 863-676-1706**

CR2E037 (10/02)