




**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 MAY 25 11:51

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N97000004932					
1. Entity Name ORGANIZATION OF PARENTS AND TEACHERS OF JUPITER FARMS COMMUNITY ELEMENTARY SCHOOL, INC.					
Principal Place of Business 17400 HAYNIE LANE JUPITER, FL		Mailing Address 17400 HAYNIE LANE JUPITER, FL			
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 59-3465610	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEATING, CAROL 11035 RANDOLPH SIDING ROAD JUPITER, FL 33478			Name Tawny J. Melvan		
			Street Address (P.O. Box Number is Not Acceptable) 17400 Haynie Lane		
			City Jupiter		
			Zip Code 33478		
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 Tawny Melvan, PTO President				DATE May 17, 2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PDT	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, CINDY		NAME	Tawny Melvan	
STREET ADDRESS	13518 150TH CT, N		STREET ADDRESS	10152 West Indiantown Road, #138	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCANTONIO, CHRIS		NAME	Ashley, Svopa	
STREET ADDRESS	13078 189TH CT, N		STREET ADDRESS	12302 150th Court North	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVE, PAM		NAME	Theresa Jackson	
STREET ADDRESS	12198 RANDOLPH SIDING RD.		STREET ADDRESS	16995 Brians Way	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITCHEY, GRACE		NAME	April Amari-Vicker	
STREET ADDRESS	17724 BRIAN'S WAY		STREET ADDRESS	17392 Mellen	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	CVPD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBAUGH, MELISSA		NAME	Jill Britt	
STREET ADDRESS	13883 152 RD N		STREET ADDRESS	17667 118th Trail North	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tawny Melvan				DATE May 17, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 561-339-1202	