

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90166 037 \*\*\*\*61.25

**DOCUMENT # N04997**

1. Entity Name  
**FLORIDA PARENT EDUCATORS ASSOCIATION, INC.**



Principal Place of Business  
**7682 MUNICIPAL DR  
ORLANDO, FL 32819 US**

Mailing Address  
**7682 MUNICIPAL DR  
ORLANDO, FL 32819 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2608204**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGLIOLI, CHERYL  
597 SE CROSSPOINT DR  
PORT SAINT LUCIE, FL 34983**

Name **Gary B. Weaver**  
Street Address (P.O. Box Number is Not Acceptable)  
**7945 Burma Road**  
City **Jacksonville** **FL** Zip Code **32221**

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 *Cy B W* **Gary B. Weaver (Board Chairman)** **4-14-07**  
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, 2007**

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 ☒ Delete  
NAME **TD HICKS, REGINA**  
STREET ADDRESS **8300 VILLAGE EDGE CIR, UNIT 6**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Change ☒ Addition  
NAME **President P/C/D Gary Weaver**  
STREET ADDRESS **7945 Burma Rd**  
CITY-ST-ZIP **Jacksonville, FL 32221**

TITLE ☒ Delete  
NAME **VCD KERNOHAN, JOHN**  
STREET ADDRESS **1215 LINCOLN ST**  
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer T/D Victoria Goodmakers**  
STREET ADDRESS **18316 Flagship Circle**  
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☒ Delete  
NAME **SD SUTHERLAND, LAWANDA**  
STREET ADDRESS **8728 W KNIGHTS GRIFFIN RD**  
CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE ☐ Change ☒ Addition  
NAME **Secretary SID Beth Gonsolas**  
STREET ADDRESS **Box 66056 6636 51st Ave**  
CITY-ST-ZIP **Vero Beach, FL 33980 32967**

TITLE ☒ Delete  
NAME **PD BOGLIOLI, CHERYL**  
STREET ADDRESS **597 SE CROSSPOINT DR**  
CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

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 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: *Cy B W* **Gary B. Weaver** **4-17-07** **(904) 619-6808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #