

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005873

**Entity Name:** PLEW ELEMENTARY PARENT LEADERS ASSOCIATION, INC.

**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC8031497376**

**Current Principal Place of Business:**

220 PINE AVENUE  
C/O JAMES E. PLEW ELEMENTARY  
NICEVILLE, FL 32578

**Current Mailing Address:**

220 PINE AVENUE  
C/O JAMES E. PLEW ELEMENTARY  
NICEVILLE, FL 32578

**FEI Number:** 20-1267801

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GIDEON, HOLLY  
302 TALA WAY  
NICEVILLE, FL 32578 US

*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.*

**SIGNATURE:** HOLLY GIDEON

02/02/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name YEN, JOLENE B  
Address 1194 MUIRFIELD WAY  
City-State-Zip: NICEVILLE FL 32578

Title VP  
Name CATHELL, KIM A  
Address 150 BLACK BEAR CIRCLE  
City-State-Zip: NICEVILLE FL 32578

Title S  
Name HAGUE, IRIS  
Address 100 DANA POINTE  
City-State-Zip: NICEVILLE FL 32578

Title T  
Name HESTILOW, JENNIFER  
Address 1011 DARLINGTON OAK DR  
City-State-Zip: NICEVILLE FL 32578

Title TREASURER  
Name GIDEON, HOLLY  
Address 302 TALA WAY  
City-State-Zip: NICEVILLE FL 32578

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOLLY GIDEON

**TREASURER**

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date