

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005873

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

**FILED**  
**Jan 24, 2023**  
**Secretary of State**  
**0366826750CC**

**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:**

MAYVILLE, CALLIE  
220 PINE AVENUE  
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:** CALLIE MAYVILLE

01/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CRIST, SHAWNA  
Address        220 PINE AVENUE  
                  C/O JAMES E. PLEW ELEMENTARY  
City-State-Zip: NICEVILLE FL 32578

Title            VP  
Name            RENNA, LAURA  
Address        220 PINE AVE  
                  C/O JAMES E. PLEW ELEMENTARY  
City-State-Zip: NICEVILLE FL 32578

Title            SECRETARY  
Name            SZALA, KRISTYN  
Address        220 PINE AVENUE  
                  C/O JAMES E. PLEW ELEMENTARY  
City-State-Zip: NICEVILLE FL 32578

Title            TREASURER  
Name            MAYVILLE, CALLIE  
Address        220 PINE AVENUE  
                  C/O JAMES E. PLEW ELEMENTARY  
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:** CALLIE MAYVILLE

**TREASUER**

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date