

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706841

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** FLORIDA CONGRESS OF PARENTS AND TEACHERS, INC.

**Current Principal Place of Business:**

1747 ORLANDO CENTRAL PARKWAY  
ORLANDO, FL 328095757

**New Principal Place of Business:**

**Current Mailing Address:**

1747 ORLANDO CENTRAL PARKWAY  
ORLANDO, FL 328095757

**New Mailing Address:**

**FEI Number:** 59-0637851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAILEY, JANICE  
1747 ORLANDO CENTRAL PARKWAY  
ORLANDO, FL 32809 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: KNOLL, TOM  
Address: 6633 AMBERWOODS DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete  
Name: CRUSE, LENELLE  
Address: 8219 CHESTER LAKE RD. NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete  
Name: NETTLES, ROSE  
Address: 1718 CEDAR BAY RD.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DD ( ) Delete  
Name: BAILEY, JANICE,  
Address: 1747 ORLANDO CENTRAL PKW  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: DESANTIS, KATHY  
Address: 11614 108TH AVE. N  
City-St-Zip: SEMINOLE, FL 33778

Title: P (X) Change ( ) Addition  
Name: BROWN, KARIN  
Address: 15201 SW 82ND AVE  
City-St-Zip: PALMETTO BAY, FL 33157

Title: SD (X) Change ( ) Addition  
Name: JENNY, DYESS  
Address: 4321 LA MIRAGE  
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANICE BAILEY

EXEC

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date