

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718067**  
 1. Entity Name  
**WESTGATE ELEMENTARY SCHOOL PARENTS AND TEACHERS ASSOCIATION OF ST. PETERSBURG, FLORIDA INC.**



Principal Place of Business  
**3560 58TH ST. N.  
 ST PETERSBURG, FL 33710**

Mailing Address  
**3560 58TH ST. N.  
 ST PETERSBURG, FL 33710**



**DO NOT WRITE IN THIS SPACE**

02072005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**23-7109333**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WESTGATE ELEMENTARY SCHOOL  
 3560 58TH STREET NORTH  
 ST. PETERSBURG, FL 33710**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SEILER, TAMMY<br>5511 65TH AVE N<br>PINELLAS PARK, FL 33781          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FAWCETT, THERESA<br>2263-60TH WAY N<br>SAINT PETERSBURG, FL 33710    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KELLY, DEBORAH A<br>9812 51ST AVE N<br>ST. PETE, FL 33708           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GILLETTE, LISA P<br>4950 40TH AVE N<br>SAINT PETERSBURG, FL 33709    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>COOPER, CARMEN R<br>4847 LAKE CHARLES DR N<br>KENNETH CITY, FL 33709 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 02/15/05-80022-007 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:** *Carmen Robyn Cooper Trues* **2/7/05** **299-1800 #2685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #