


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	



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7109333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WESTGATE ELEMENTARY SCHOOL 3560 58TH STREET NORTH ST. PETERSBURG, FL 33710
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**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 _____
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, 2005**

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

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

**DO NOT WRITE
IN THIS SPACE**

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02/15/05-80022-007 61.25

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 Robina Cooper Trues 2/7/05 299-1800 X2685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #