2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

1. Entity Name WESTGAT	MENT #718067 E ELEMENTARY SCHOOLS ASSOCIATION OF ST. F	L PARENTS AND PETERSBURG,				03-21-2000	5 90028 03	39 ****6	51.25
Principal Place 3560 58TH ST ST PETERSBU		Mailing Address 3560 58TH ST. N. ST PETERSBURG, FL 33					,	,	
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #	P, etc.	Suite, Apt. #, etc.			01302006 Ch	g-NP	CR2E037 ((11/05)	
City & State		City & State			4. FEI Number 23-710933	3		_	olied For Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		.75 Addit	tional
	6. Name and Address of Current	Registered Agent			7. Name and Adds	ress of New R	egistered Age	int	
WESTGAT	E ELEMENTARY SCHOOL		Name	•					l
3560 58TH STREET NORTH ST. PETERSBURG, FL. 33710				Address ((P.O. Box Number is N	Not Acceptable	9)		
			City				FL	Zip Code	,
8. The above the obligation	named entity submits this statement fo ons of registered agent.	r the purpose of changing its	registered office	or registe	ered agent, or both, in	the State of Flo	orida. I am fan	niliar with, a	and accept
SIGNATURE _			···						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sig	IDATINO (ACIDIDA	nd when reinstational		DATE		
				, - 10.0 .0 .0400			DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	···	npaign Financing		\$5.00 May Be Added to Fees	1	lake check p	-	
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing	9 🗆	\$5.00 May Be	Flor	lake check p ida Departm	ent of St	ate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	npaign Financing Contribution.	9 🗆	\$5.00 May Be Added to Fees	Flor	lake check p ida Departm RS AND DIRE	ent of St	ate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DID SEILER, TAMMY 5511 65TH AVE N PINELLAS PARK, FL 33781 D	9. Election Carr Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	9	\$5.00 May Be Added to Fees ADDITIONS/CHANG	FIOI	lake check p ida Departm RS AND DIRE	CTORS IN	ate 10
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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: Jason w Smith	3-15-06	727-424-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Oate	Daytime Phone #