

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718067

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** WESTGATE ELEMENTARY SCHOOL PARENTS AND TEACHERS ASSOCIATION OF ST. PETERSBURG, FLORIDA INC.

**Current Principal Place of Business:**

3560 58TH ST. N.  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

3560 58TH ST. N.  
ST PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 23-7109333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESTGATE ELEMENTARY SCHOOL  
3560 58TH STREET NORTH  
ST. PETERSBURG, FL 33710 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: D  
Name: PAGE, BARB  
Address: 3560 58TH ST N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: D  
Name: MARTIN, RANDI  
Address: 3560 58TH STREET N.  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: V  
Name: HERRING, MICHELLE  
Address: 6181 43RD AVE, N  
City-St-Zip: KENNETH CITY, FL 33709

Title: P  
Name: WILKES, TAMMY  
Address: 3560 58TH ST N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T  
Name: TONEY, TRICIA  
Address: 3133 56TH ST N  
City-St-Zip: SAINT PETERSBURG, FL 33710

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: TRICIA TONEY

TREA

04/28/2010

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

\_\_\_\_\_  
Date