
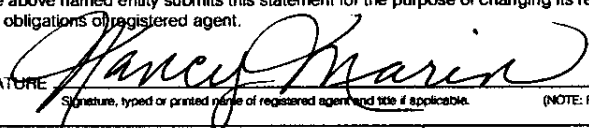



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90036 012 ****61.25

| | | | | | |
|---|---|---------------------------------|--|---|--|
| DOCUMENT # 737263 | | | |  | |
| 1. Entity Name PALM CITY ELEMENTARY PARENT-TEACHER ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1951 SW 34TH STREET PALM CITY, FL 34990 | | | Mailing Address 1951 SW 34TH STREET PALM CITY, FL 34990 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 23-7628365 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARIN, NANCY 1951 SW 34TH STREET PALM CITY, FL 34990 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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:  | | | | | DATE: 2/2/04 |
| Filing Fee is \$61.25 Due by May 1, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JACOBUS, GAIL 2481 SW ESTELLA TERRACE PALM CITY, FL 34990 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Patty Larschan 3661 SW Coguina Cove Wy #202 Palm City FL 34990 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VPD DETROIT, JOANNE 3070 SW CAPTIVA COURT PALM CITY, FL 34990 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP DEMOYA, CINDI 6701 SW THISTLE TERRACE PALM CITY, FL 34990 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP Tobi Howell 3849 SW St. Lucie Shores Dr. Palm City, FL 34990 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3VP IZZOLO, KIM 4037 SW LAKEWOOD DRIVE PALM CITY, FL 34990 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3VP Nancy Aldrich 1820 SW Oakwater Pt. Palm City, FL 34990 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS JOHNSON, LINDA 5235 SW LANDING CRK DR. PALM CITY, FL 34990 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS Susan Golko 2664 SW Glenmoor Way Palm City, FL 34990 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HILLER-LARAMIE, DAGMAR 4650 SW HAMMOCK CRK DR PALM CITY, FL 34990 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  | | | Date: 2-5-04 | | Daytime Phone #: (772) 920-5900 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |