2003 NOT-FOR-PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 747107 1. Entity Name 04-21-2003 90329 036 ****61.25 GARDEN ELEMENTARY PARENT-TEACHER ORGANIZATION, I Principal Place of Business Mailing Address % 700 CENTER ROAD % 700 CENTER ROAD VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-2045047 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ichairc JENNINGS, JANE ANN O Box Number is Not Acceptable Drive 3247 FALLOW ROAD VENICE FL 34293 Zip Code 34223 Englewood 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 SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: FEE IS \$61.25** \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **Addition A**Delete Change TITLE TITLE FUERST. Richard Popescue, Dorian 🗗 NAME NAME Drive Dolphin 2020 Easi STREET ADDRESS 700 CENTER RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VENICE FL 34292 TITLE ☐ Delete TITLE Addition Beese, Debbie NAME NAME STREET ADDRESS 700 CENER RD STREET ADDRESS CITY-ST~ZIP CITY-ST-ZIP VENICE FL 34292 TITLE ☐ Delete TITLE [] Change ■ Addition NAME JENNINGS, JANEANN NAME 3247 FALLOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 DN TITLE ☐ Delete ☐ Change ☐ Addition TITLE KOPP, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 2805 GENEVA ROAD CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 DCOP 🖀 Delete TITLE TITLE Change Change Addition LEE, LOIS NAME NAME STREET ADDRESS 1687 E MANASOTA BEACH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223

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 fustee empowered to exacula 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 attagnment with an addre

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IF

☐ Delete

4-15-03

☐ Change

☐ Addition

FILED