

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90452 014 ****61.25

DOCUMENT # 754601 1. Entity Name BROOKSHIRE ELEMENTARY SCHOOL PTA, INC.					
Principal Place of Business 400 GREENE DRIVE WINTER PARK, FL 32792			Mailing Address 400 GREENE DRIVE WINTER PARK, FL 32792		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 23-7101259				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 KELSO, CYNTHIA T 2134 WOODCREST DRIVE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Philips, Stephanie Street Address (P.O. Box Number is Not Acceptable) 1765 Carollee Lane City Winter Park FL Zip Code 32792		
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 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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	1VPD MCGOWAN, JANNA 535 GILBERT RD WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP / Director Jackson, Katrina 1700 Demetree Dr. Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD CASEY, NATALIE 1216 GOLFSIDE DR WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Turton, Toni 2000 Whitehall Dr. Winter Park, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORELLY, MARY J 616 BRECHIN DR WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, STEPHANIE 1765 CAROLLEE LANE WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARRISON, GLORIA M 2402 SUMMERFIELD RD WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELSO, CYNTHIA 2134 WOODCREST DR. WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stephanie Philips 4/27/06 407-645-0195 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					