

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90202 028 *****61.25

DOCUMENT # 754601

1. Entity Name

BROOKSHIRE PARENT TEACHER ASSOCIATION, 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 **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACKLEY, S.
400 GREENE DR.
WINTER PARK FL 32792**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DS** ☒ Delete
NAME **LOTT, LORETTA M**
STREET ADDRESS **300 BECKETT COURT**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **FIRST VICE PRESIDENT** ☐ Change ☒ Addition
NAME **CAMI WILSON**
STREET ADDRESS **2817 FITZLOTH**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **DPRI** ☐ Delete
NAME **ACKLEY, S.**
STREET ADDRESS **400 GREENE DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **2ND VICE PRESIDENT** ☐ Change ☒ Addition
NAME **CYNTHIA KESLO**
STREET ADDRESS **2134 WOODLCEST DR**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DT** ☐ Delete
NAME **MORELLY, MARY J**
STREET ADDRESS **616 BRECHIN DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **ERWIN, SHERRY**
STREET ADDRESS **601 BRECHEN DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **FRASCA, MARIA**
STREET ADDRESS **525 WORTHINGTON DR**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **SIMMONS, LINDA**
STREET ADDRESS **641 BLAIRSHIRE CIR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature]

4/24/03

407 647 8566

CR2E037 (10/02)