2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # 758728 03-08-2006 90173 042 ****61.25 FUGUITT ELEMENTARY SCHOOL PTA, INC. Principal Place of Business Mailing Address 13010 101ST ST NO 13010 101ST ST NO **LARGO FL 33773 LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 23-7628152 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mary Jean Hensley SILVERSTONE, LARI Street Address (P.O. Box Number is Not Acceptable) 10430 104TH AVE N **LARGO FL 33778** Zip Code Largo 33778 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ☐ Addition SILVERSTONE, LORI D NAME 12420 104TH AVE N STREET ADDRESS STREET ADDRESS SEMINOLE FL 33778 CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE HENSLEY, MARY JEAN D NAME NAME 10371 103RD AVE STREET ADDRESS STREET ADDRESS LARGO FL 33778 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAGEL, DENISE D NAME NAME 12134 JULIAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33778** CITY-ST-ZIP TITLE Delete TITLE Transurer Change Addition SILVERSTEIN, LORI SECRETA NAME NAME STREET ADDRESS 12420 104TH AVE STREET ADDRESS CITY-ST-ZIP LARGO FL 33778 CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _

Man bandensen

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