## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

## Jan 16, 2007 8:00 am Secretary of State **DOCUMENT #758728** 01-16-2007 90182 032 \*\*\*\*61.25 FUGUITT ELEMENTARY SCHOOL PTA, INC. Principal Place of Business Mailing Address 40004033 13010 101ST ST NO 13010 101ST ST NO LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7628152 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENSLEY, MARY JEAN 10430 104TH AVE N LARGO, FL 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. SIGNATURE .... sture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. · OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TIT! F ☐ Channe HENSLEY, MARY JEAN D NAME NAME STREET ADDRESS 10371 103RD AVE STREET ADDRESS LARGO, FL 33778 CITY-ST-7IP CITY-ST-73P TITLE ☐ Delete TITLE **Change** Addition NAGEL, DENISE D NAME NAME STREET ADDRESS 12134 JULIAN AVE STREET ADDRESS CITY-ST-ZIP LARGO, FL 33778 CITY-ST-ZIP TITLE TITLE Delete ☐ Addition NAME SILVERSTEIN, LORI SECRETA NAME STREET ADDRESS 12420 104TH AVE STREET ADDRESS LARGO, FL 33778 CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IM F □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tike empowered.

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