2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005768

Apr 29, 2004 Secretary of State

Entity Name: TOMMIE BARFIELD ELEMENTARY P.T.O., INC.

Current Principal Place of Business: New Principal Place of Business: 101 KIRKWOOD MARCO ISLAND, FL 34145 **Current Mailing Address: New Mailing Address:** PO BOX 107 MARCO ISLAND, FL 34146 FEI Number: 59-3664598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEBSTER, RONALD S 985 N COLLIER BLVD MARCO ISLAND, FL 34145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOSS, HEIDI Name: Name: 1241 SPANISH CT Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: SD Title: SD (X) Change () Addition () Delete Name: BLAINE, JENNIFER Name: LANE, NINA Address: 120 GREENVIEW Address: 1151 VERNON PL City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 Title: VPD () Delete Title: VPD (X) Change () Addition MITCHUSSON, DEBBIE MITCHUSSON, DEBBIE Name: Name: 478 TALLWOOD STREET #303 161 BERMUDA RD Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145 Title: TD () Delete Title: TD (X) Change () Addition Name: ZIESIG, PATTIE Name: WILLEMS, KRISTI 1269 APRICOT AVE 200 CLYBURN ST Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI WILLEMS TD 04/29/2004