2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N00000005768

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

Current Principal Place of Business:

101 KIRKWOOD
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

PO BOX 107
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 59-3664598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEBSTER, RONALD S
985 N COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MOSS, HEIDI
Address: 1241 SPANISH CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD ( ) Delete
Name: LANE, NINA
Address: 1151 VERNON PL
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPD ( ) Delete
Name: MITCHUSSON, DEBBIE
Address: 161 BERMUDA RD
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD ( ) Delete
Name: WILLEMS, KRISTI
Address: 200 CLYBURN ST
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MITCHUSSON, DEBBIE
Address: 161 BERMUDA
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPD (X) Change ( ) Addition
Name: YOUNG, VAUNEIDA M
Address: 318 MEADOWLARK CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD (X) Change ( ) Addition
Name: MCCARTY, WENDY R
Address: 100 BONITA CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD (X) Change ( ) Addition
Name: TIMOTHY, BURKE
Address: 1267 MISTLETOE CT
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: TIMOTHY BURKE TD 05/05/2005

Electronic Signature of Signing Officer or Director — Date