

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006075

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: GRIFFIN ELEMENTARY PTA, INC.

**Current Principal Place of Business:**

5050 SW 116TH AVENUE  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

5050 SW 116TH AVENUE  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 59-1861787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IBBS, SHEERY  
5050 SW 116TH AVENUE  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

BROWN, LESLIE  
5050 SW 116TH AVENUE  
COOPER CITY, FL 33330 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: LESLIE BROWN

04/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IBBS, SHERRY  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

Title: VP ( ) Delete  
Name: FOX, SHERRY  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

Title: T ( ) Delete  
Name: AUSTIN, TAMMY C  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

Title: S ( ) Delete  
Name: BROWN, LESLIE  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

Title: D ( ) Delete  
Name: NOVOTNY, CYNTHIA  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BROWN, LESLIE  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

Title: VP (X) Change ( ) Addition  
Name: ROBERTS, LYNN  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FORTUNATO, CARRIE  
Address: 5050 SW 116TH AVENUE  
City-St-Zip: COOPER CITY, FL 33330

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TAMMY C. AUSTIN

T

04/12/2006

Electronic Signature of Signing Officer or Director

Date