


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90101 029 \*\*\*\*61.25

<b>DOCUMENT # N00000006075</b>	
1. Entity Name <b>GRIFFIN ELEMENTARY PTA, INC.</b>	

Principal Place of Business <b>5050 SW 116TH AVENUE COOPER CITY, FL 33330</b>	Mailing Address <b>5050 SW 116TH AVENUE COOPER CITY, FL 33330</b>
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1861787</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>BROWN, LESLIE 5050 SW 116TH AVENUE COOPER CITY, FL 33330</b>	

7. Name and Address of New Registered Agent	
Name <b>Kelly Valverde</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5050 SW 116 Ave</b>	
City <b>Cooper City</b>	FL Zip Code <b>33330</b>

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 <i>[Signature]</i> Signature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstalling)	DATE <b>1-12-07</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------	---------------------

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
-----------------------------------------------------	-------------------------------------------------------------------------------------	------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, LESLIE 5050 SW 116TH AVENUE COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pellen Rudner 5050 SW 116 Ave Cooper City, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, LYNN 5050 SW 116TH AVENUE COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Monika Tokarz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUSTIN, TAMMY C 5050 SW 116TH AVENUE COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly Valverde <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORTUNATO, CARRIE 5050 SW 116TH AVENUE COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOTNY, CYNTHIA 5050 SW 116TH AVENUE COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.			
SIGNATURE: <i>[Signature]</i>	<b>Kelly Valverde - Treasurer</b>	Date <b>1-12-07</b>	Daytime Phone # <b>954-483-3959</b>