
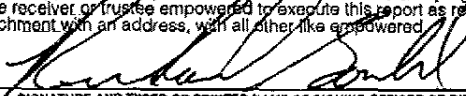


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008299		
1. Entity Name DEERLAKE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.		
Principal Place of Business 9902 DEERLAKE W TALLAHASSEE, FL	Mailing Address 9902 DEERLAKE W TALLAHASSEE, FL	
DO NOT WRITE IN THIS SPACE		
06082004 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-3713358		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MCDONALD, ROBERT R ESQ 101 E COLLEGE AVE TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DC	DO NOT WRITE IN THIS SPACE
NAME	RYBCZYK, DEBBIE	
STREET ADDRESS	925 SUMMERBROOKE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	DV	
NAME	BROWN, CATHY	
STREET ADDRESS	10563 WINTERS RUN	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	DT	
NAME	GOULD, RICK	
STREET ADDRESS	7808 MCCLURE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		6/8/2004 488-5647
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>