

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008299

FILED  
Sep 12, 2006  
Secretary of State

**Entity Name:** DEERLAKE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

9902 DEERLAKE W  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

9902 DEERLAKE W  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 59-3713358      **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:**

DITANNA, M. TERRY R  
13032 GOPHER WOOD TRAIL  
TALLAHASSEE, FL 32312 US

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

HIRST, STEVE  
9187 OLD CHEMONIE ROAD  
TALLAHASSEE, FL 32309 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: STEVE HIRST

09/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DITANNA, MARIA T PRESIDE  
Address: 13032 GOPHER WOOD TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete  
Name: HOWCROFT, SUE VICE PR  
Address: 6115 OX BOTTOM MANOR DR.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TRES ( ) Delete  
Name: BASS, CATHLEEN TRESURE  
Address: 1322 MANOR HOUSE DR.  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: PRES (X) Change ( ) Addition  
Name: HIRST, STEVE PRESIDE  
Address: 9187 OLD CHEMONIE ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Change ( ) Addition  
Name: SWANSON, LORI VICE PR  
Address: 2982 N. UMBERLAND DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

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: CATHLEEN BASS

TRES

09/12/2006

Electronic Signature of Signing Officer or Director

Date