

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 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 32312**

Mailing Address  
**9902 DEERLAKE W  
TALLAHASSEE, FL 32312**



05032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3713358**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
HIRST, STEVE PRESIDE  
9187 OLD CHEMONIE ROAD  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SWANSON, LORI VICE PR  
2982 N. UMBERLAND DRIVE  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TRES  
BASS, CATHLEEN TRESURE  
1322 MANOR HOUSE DR.  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000763244  
05/29/07-80048-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Cathleen Bass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07  
Date

644-8848  
Daytime Phone #