

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008481

FILED
Apr 30, 2004
Secretary of State

Entity Name: DIPLOMAT MIDDLE SCHOOL P.T.S.O. INC.

Current Principal Place of Business:

1039 NE 16TH TERRACE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1039 NE 16TH TERRACE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1071412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSHNER, STEVEN P
1375 JACKSON ST., SUITE 202
FT. MYERS, FL 33901

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROMBLEY, CINDY
Address: 2944 NW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: TD () Delete
Name: CARR, DEBRA L
Address: 1311 SE 21ST TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: FERNANDEZ, DENISE
Address: 225 NE 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VD () Delete
Name: WENZLAFF, DONNA
Address: 1824 SE 12TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: SD () Delete
Name: WILLIAMS, NICOLE
Address: 1366 SUNRISE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: MARZELLA, DEBORAH A
Address: 1841 NW 14TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

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

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

Title: SD (X) Change () Addition
Name: HICKS, DEE
Address: 1039 NE 16TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH MARZELLA

TD

04/30/2004

Electronic Signature of Signing Officer or Director

Date