

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90014 023 \*\*\*\*\*70.00

**DOCUMENT # N01000003856**

1. Entity Name

AVALON MIDDLE SCHOOL PTO, INC.



Principal Place of Business

5445 KING ARTHUR'S WAY  
MILTON FL 32583

Mailing Address

5445 KING ARTHUR'S WAY  
MILTON FL 32583

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEWART, GEORGE D  
4519 HIGHWAY 90  
PACE FL 32571

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME BRJANO, KELLEY ☒ Delete  
STREET ADDRESS 5725 PEBBLE RIDGE DRIVE  
CITY-ST-ZIP MILTON FL 32583

TITLE PD  
NAME WILLIAMS, CAROL ☐ Delete  
STREET ADDRESS 153 CRAIG STREET  
CITY-ST-ZIP MILTON FL 32583

TITLE VD  
NAME MURPHY, EVELYN ☐ Delete  
STREET ADDRESS 4850 BEAVER RUN  
CITY-ST-ZIP MILTON FL 32570

TITLE TD  
NAME BLUE, RONALD D JR. ☐ Delete  
STREET ADDRESS 1121 EAST BLOUNT STREET  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD Kelley Breland ☐ Change ☒ Addition  
NAME 4760 Lori Lane  
STREET ADDRESS Pace FL 32571  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-70-04