


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004197	
1. Entity Name PARENTS OF FORT WALTON BEACH TAEKWONDO TOURNAMENT TEAM INC.	

Principal Place of Business 9 MAPLES STREET NW FORT WALTON BEACH, FL 32548 US	Mailing Address 9 MAPLES STREET NW FORT WALTON BEACH, FL 32548 US
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04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3726721	<input type="checkbox"/> 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

BRAY, ROSE M
9 MAPLES STREET NW
FORT WALTON BEACH, FL 32548

**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 May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

100000126323
04/23/04-80029-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HONEYCUTT, LORI
STREET ADDRESS	214 HUDSON DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	BLANCHARD, PAULA
STREET ADDRESS	435 TANGLEWOOD DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	BRAY, ROSE
STREET ADDRESS	9 MAPLES STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	COWART, AUDREY
STREET ADDRESS	12 WINDHAM AVE.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Rose M. Bray ROSE M. BRAY 4/20/04 (850) 244-7507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #