


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90157 041 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRAY, ROSE M 9 MAPLES STREET NW FORT WALTON BEACH, FL 32548				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONEYCUTT, LORI		NAME		
STREET ADDRESS	214 HUDSON DRIVE		STREET ADDRESS	158 SW BRYN MAWR BLVD	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANCHARD, PAULA		NAME		
STREET ADDRESS	435 TANGLEWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAY, ROSE		NAME		
STREET ADDRESS	9 MAPLES STREET		STREET ADDRESS	9 MAPLES ST NW	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COWART, AUDREY		NAME		
STREET ADDRESS	12 WINDHAM AVE.		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	GRIFFIN, BURT	
STREET ADDRESS			STREET ADDRESS	2553 PALM SHORES DR	
CITY-ST-ZIP			CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ROSE M BRAY <i>Rose M Bray</i>			4/29/05		850-244-7507
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>