

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005636

FILED
Apr 29, 2006
Secretary of State

Entity Name: WATSON B. DUNCAN MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

5150 117TH COURT NORTH
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5150 117TH COURT NORTH
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-1135175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAILEY, KIM
5150 117TH COURT NORTH
PALM BEACH GARDENS, FL 33418 US

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: 2VPD () Delete
Name: GIAMBAGNO, JENNY
Address: 12076 165TH RD N
City-St-Zip: JUPITER, FL 33478

Title: PD () Delete
Name: DAILEY, KIM
Address: 5150 117TH COURT N
City-St-Zip: PALM BEACH GARDEN, FL 33418

Title: VPD () Delete
Name: JAMES, MICHAEL
Address: PO BOX 2863
City-St-Zip: WEST PALM BEACH, FL 33402

Title: TD () Delete
Name: DAWN, BRYCE
Address: 17375 DOGWOOD TR
City-St-Zip: JUPITER, FL 33478

Title: SD () Delete
Name: HICKMAN, NICOLE
Address: 15360 118TH TERRACE N.
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: WITHERS, KIM
Address: 15843 1116TH TERR N
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NICOLE HICKMAN

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date