

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007124

1. Entity Name

WEST DEFUNIAK ELEMENTARY PARENT-TEACHER ORGANIZATION, INC.

Principal Place of Business
815 LINCOLN AVE.
DEFUNIAK SPRINGS FL 32435

Mailing Address
815 LINCOLN AVE.
DEFUNIAK SPRINGS FL 32435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3736665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, CARLENE
117 PINE SHORE RD.
DEFUNIAK SPRINGS FL 32435

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.

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILKINSON, PAMELA D
STREET ADDRESS 180 LAKESIDE DR.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☒ Delete

TITLE VD
NAME BELL, STEPHANIE
STREET ADDRESS 95 KENNETH HARRISON RD.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☒ Delete

TITLE TD
NAME GILLIS, MELISSA
STREET ADDRESS 730 MCLENDON RD.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE SD
NAME COSSON, TIFFANY
STREET ADDRESS 795 MCKINNON BRIDGE RD.
CITY-ST-ZIP PONCE DE LEON FL 32455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Bell, Stephanie, President
NAME
STREET ADDRESS 95 Kenneth Harrison Rd.
CITY-ST-ZIP Defuniak Spgs., FL 32435 ☒ Change ☐ Addition

TITLE Vice-President
NAME Larry Martin
STREET ADDRESS 633 Lakeside Dr.
CITY-ST-ZIP Defuniak Spgs., FL 32435 ☒ Change ☐ Addition

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

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

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

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

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:

Melissa Gillis
Treasurer

5/28/02

850/859-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0062825

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91592 050 ****61.25

362151



DO NOT WRITE IN THIS SPACE