

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

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90084 006 \*\*\*\*61.25

**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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P MARTIN, LARRY**  
STREET ADDRESS **400 LAKESIDE DRIVE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

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

TITLE ☐ Delete  
NAME **V STEVENSON, JILL**  
STREET ADDRESS **1825 COUNTY HIGHLANDS 280A**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

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

TITLE ☐ Delete  
NAME **TD STEVENSON, CHUCK DR**  
STREET ADDRESS **1825 COUNTY HIGHWAY 280A**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

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

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

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

TITLE ☐ Delete  
NAME **T ANDREWS, DONNA**  
STREET ADDRESS **615 BOB SIKES ROAD**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

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

TITLE ☐ Delete  
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

**DONNA ANDREWS**

Date

Daytime Phone #

**4-20-04**

**850 892 3761**