## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N01000007124**

1. Entity Name
W/FST DEFI INIAK FI EMENTARY PARENT-TEACHER



**FILED** Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90063 031 \*\*\*\*61.25

ORGANI			-						
		Mailing Address 815 LINCOLN AVE. DEFUNIAK SPRINGS, FL	32435			,			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152008	Chg-NP	CR2E037 (12/06	)	
City & State		City & State			4. FEI Numbe 59-3736			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 / Fee Requ		
	6. Name and Address of Current R	tegistered Agent			7. Name and	Address of New R	egistered Agent		
HINOTE-REMITA RONITA			Name						
1000 MCL	ENDON ROAD		Street Address			(P.O. Box Number is Not Acceptable)			
DEFUNIA	K SPRINGS, FL 32433								
			City			<del>"</del>	FL Zip C	ode	
	named entity submits this statement for	the purpose of changing its re	egistered office or	registere	ed agent, or both	h, in the State of Fig	orida. I am familiar wi	th, and accept	
the obligat	tions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent a	nd trie if applicable. (NOTE: 8	Registered Agent signati	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
		'			\$5.00 May Be Added to Fees	e M Flor			
10.		Trust Fund Co		Ц	Added to Fees	Flor		State	
TITLE	Due by May 1, 2008  OFFICERS AND DIRI	Trust Fund Co	ntribution.  11.  TITLE	ρΑ	Added to Fees	ANGES TO OFFICE	ida Department of	State IN 10	
	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Con	ntribution.	ρ Jen	Added to Fees DDITIONS/CHA	ANGES TO OFFICE	ida Department of	State IN 10	
TITLE NAME	OFFICERS AND DIRI V BRANNON, JENNY	Trust Fund Con	ntribution.  11.  TITLE  NAME	p Jen 90 i	Added to Fees	ANGES TO OFFICE	ida Department of	State IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRI V BRANNON, JENNY 90 PLATT ROAD DEFUNIAK SPRINGS, FL 32435 P	Trust Fund Con	TILE  NAME STREET ADDRESS CITY-ST-ZIP	P Jen 90 F	Added to Fees DDITIONS/CHA  NY Brani Platt Ro	NGES TO OFFICE	Ida Department of RS AND DIRECTORS	State IN 10 e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRI  V BRANNON, JENNY 90 PLATT ROAD DEFUNIAK SPRINGS, FL 32435 P CHESSER, LYNN	Trust Fund Col	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P Jen 90 F	Added to Fees  DDITIONS/CHA  NY Brani Platt Ro  Luniah S  CY 13et	NGES TO OFFICE non ad Springs, F	Ida Department of RS AND DIRECTORS  Chang	State IN 10 e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRI V BRANNON, JENNY 90 PLATT ROAD DEFUNIAK SPRINGS, FL 32435 P	Trust Fund Col	TILE  NAME STREET ADDRESS CITY-ST-ZIP	Pen Pen Per Votaria	Added to Fees DDITIONS/CHA  NY Brani Platt Ro  unich S  cy 13et 1252ncl	NGES TO OFFICE non ad Springs, F Ave	Ida Department of RS AND DIRECTORS  Chang	State IN 10 e Addition  B Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRI V BRANNON, JENNY 90 PLATT ROAD DEFUNIAK SPRINGS, FL 32435 P CHESSER, LYNN 1122 CHESSER RD	Trust Fund Col	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Jen 90 F Def V Star	Added to Foos DDITIONS/CHA  NY Brani Platt Ro Luniah S  CY 13et 1252ncl Lunial C	NGES TO OFFICE non ad Springs, F Ave Springs, F	RS AND DIRECTORS  Chang  Chang	State  IN 10 e	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AND DIRI  V BRANNON, JENNY 90 PLATT ROAD DEFUNIAK SPRINGS, FL 32435 P CHESSER, LYNN 1122 CHESSER RD DEFUNIAK SPRINGS, FL 32435 T ANDERSON, SHARI	Trust Fund Col	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	P Jen 90 F Def V Star	Added to Fees DDITIONS/CHA  NY Brani Platt Ro Luniak S  CY 13et  1252ncl  Lunial C	NGES TO OFFICE non ad Springs, F Ave Springs, F	Change  32435  Change  Change	State  IN 10 e	
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12) I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

DALLE A Mustl EUF SIGNING OFFICER OR DIRECTOR