

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007124

FILED
Apr 28, 2011
Secretary of State

Entity Name: WEST DEFUNIAK ELEMENTARY PARENT-TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

815 LINCOLN AVE.
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

815 LINCOLN AVE
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

815 LINCOLN AVE.
DEFUNIAK SPRINGS, FL 32435

FEI Number: 59-3736665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, DARLENE
2539 HARDY SKIPPER ROAD
PONCE DE LEON, FL 32455 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: P
Name: MCLANEY, CHASTITY
Address: 648 INGLE ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP
Name: BURGESS, JAMIE
Address: 4931 US HWY 331 N
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T
Name: THACKER, AMY
Address: 3308 BOB SIKES ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S
Name: COOPER, NATASHA
Address: 324 GOODWIN ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby 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 all other like empowered.

SIGNATURE: AMY THACKER

T

04/28/2011

Electronic Signature of Signing Officer or Director

Date