


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90012 020 \*\*\*\*61.25

<b>DOCUMENT # N02000000655</b>					
<b>1. Entity Name</b> WOODLANDS ELEMENTARY PARENT TEACHER ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1420 E.E. WILLIAMSON ROAD LONGWOOD, FL 32750			<b>Mailing Address</b> 1420 E.E. WILLIAMSON ROAD LONGWOOD, FL 32750		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-0176364	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHIGHAM, FRANK C 200 W. FIRST-STREET. SANFORD, FL 32771			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> DOWLANG, AUTUMN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Donovan, Teena
<b>STREET ADDRESS</b> 600 DEVONSHIRE BLVD	<b>CITY-ST-ZIP</b> LONGWOOD, FL 32750		<b>STREET ADDRESS</b> 219 Sheridan Ave	<b>CITY-ST-ZIP</b> Longwood, FL 32750	
<b>TITLE</b> VD	<b>NAME</b> BEISNER, HELEN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Engel, Susan
<b>STREET ADDRESS</b> 116 WILLOW TREE LANE	<b>CITY-ST-ZIP</b> LONGWOOD, FL 32750		<b>STREET ADDRESS</b> 138 Tollgate Trail	<b>CITY-ST-ZIP</b> Longwood, FL 32750	
<b>TITLE</b> VD	<b>NAME</b> DONOVAN, TEENA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Geesaman, Carroll
<b>STREET ADDRESS</b> 219 SHERIDAN DR	<b>CITY-ST-ZIP</b> LONGWOOD, FL 32750		<b>STREET ADDRESS</b> 1578 Grace Lake Circle	<b>CITY-ST-ZIP</b> Longwood, FL 32750	
<b>TITLE</b> SD	<b>NAME</b> ANDERSON, GAYLE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Same
<b>STREET ADDRESS</b> 1658 WINDY BLUFF POINT	<b>CITY-ST-ZIP</b> LONGWOOD, FL 32750		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> SD	<b>NAME</b> KAMRATH, KAROL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Corresponding Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Slavkin, Rachel
<b>STREET ADDRESS</b> 1377 SOUTH RIDGE LAKE CIRCLE	<b>CITY-ST-ZIP</b> LONGWOOD, FL 32750		<b>STREET ADDRESS</b> 684 Rivercrest Lane	<b>CITY-ST-ZIP</b> Longwood, FL 32779	
<b>TITLE</b> TD	<b>NAME</b> BEAPER, SUSAN	<input type="checkbox"/> Delete	<b>TITLE</b> Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Bender, Susan
<b>STREET ADDRESS</b> 132 EASTERN FORK	<b>CITY-ST-ZIP</b> LONGWOOD, FL 32750		<b>STREET ADDRESS</b> 132 Eastern Fork	<b>CITY-ST-ZIP</b> Longwood, FL 32750	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> <u>Susan Bender</u> <u>Susan Bender</u> <u>2/3/04</u> <u>907-260-8648</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					