





# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

A 61.25

<b>DOCUMENT # N02000000748</b> 1. Entity Name <b>J.W. MITCHELL HIGH SCHOOL CADET PARENT ORGANIZATION, INC.</b>						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">05 OCT 13 PM 2:53</div> <div style="font-size: 0.8em;">SLC... TALLAHASSEE, FL 32304</div> <div style="font-size: 0.8em;">OCT 12 2005</div>	
Principal Place of Business 2323 LITTLE RD NEW PORT RICHEY, FL 34655				Mailing Address 2323 LITTLE RD NEW PORT RICHEY, FL 34655			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>71-0865588</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WEAVER, MICHAEL</b> <b>206 LAGOON DR</b> <b>PALM HARBOR, FL 34683</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>			
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 <u>Michael Weaver</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>						DATE <u>6 OCT 05</u>	
<b>FILE NOW!!! FEE IS \$81.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWER, HOLLY 1342 WILD PINE COURT NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Huss, Rose 1300 Greenlea Dr. Holiday Fla. 34691			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMARCA, ANGELA 1238 MANDARIN DRIVE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Esenhart, Reed 1461 Davenport Dr Trinity FL 34655			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAPORTE, ARNDREA 6435 DRAKE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Romano, Stacy 1834 Winsloe Dr. New Port Richey, Fla. 34655			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAILEY, PATTI M 6875 SAN JOSE LOOP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ayres, Karen 1741 Winsloe Dr. New Port Richey Fla. 34655			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, MICHAEL 206 LAGOON DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060581083 10/13/05--01054--003 **61.25			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> 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 517, 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: <u>Michael Weaver</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						DATE <u>6 OCT 05</u>	