## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005925

Entity Name: SEABREEZE ELEMENTARY P.T.O., INC.

FILED Jan 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1400 SEABREEZE AVENUE JACKSONVILLE, FL 32250

**Current Mailing Address: New Mailing Address:** 

1400 SEABREEZE AVENUE JACKSONVILLE, FL 32250

FEI Number: 55-0788578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TILKA, BARBARA BECKENBACH, JOY 1400 SEABREEZE AVE 1400 SEABREEZE AVE

JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE BEACH, FL 32250 US

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: JOY BECKENBACH 01/29/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

TILKA, BARBARA BECKENBACH, JOY Name: Name: 3584 TRIDENT CT Address: 1848 ARDEN WAY Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete Title: VD (X) Change ( ) Addition

Name: CLARKE, MARGARET Name: REIMER, KATHY Address: 1077 SEABREEZE AVE Address: 4130 TIDEVIEW DR

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete Title: (X) Change ( ) Addition HOLLINGSWORTH, VICKY BOYD, MELISSA Name: Name:

2525 ST. JOHNS BLVD. Address: Address: 1372 N PLANTATION OAKS DR

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD (X) Delete Title: () Change () Addition

Name: BOYD, MELISSA Name: 1372 N PLANTATION OAKS DR Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOY BECKENBACH VD 01/29/2008