

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90061 026 ****61.25

DOCUMENT # N02000007895

1. Entity Name

**FORT MYERS BEACH ELEMENTARY PARENT TEACHER
ORGANIZATION INC.**



Principal Place of Business

**2751 OAK STREET
FORT MYERS BEACH FL 33931**

Mailing Address

**2751 OAK STREET
FORT MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1631117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALLACE, LINDA
15 PEPITA ST
FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name **Nadine Freeman**

Street Address (P.O. Box Number is Not Acceptable)
375 Bayland Rd

Ft. Myers Beach FL

City

FL

Zip Code

33931

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FREEMAN, NADINE**
STREET ADDRESS **375 BAYLAND RD**
CITY-ST-ZIP **FORT MYERS BCH FL 33931**

TITLE **VP** ☒ Delete
NAME **MALBON, REBECCA SUE**
STREET ADDRESS **17771 BROADWAY AVE.**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **T** ☒ Delete
NAME **WALLACE, LINDA**
STREET ADDRESS **15 PEPITA ST**
CITY-ST-ZIP **FORT MYERS BCH FL 33931**

TITLE **S** ☐ Delete
NAME **WHITEHEAD, DEBBIE**
STREET ADDRESS **20 EMILY LANE**
CITY-ST-ZIP **FORT MYERS BCH FL 33931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Diane LaCorte**
STREET ADDRESS **7390 ESTERO Blvd #203**
CITY-ST-ZIP **Ft. Myers Beach, FL 33931**

TITLE ☐ Change ☒ Addition
NAME **Janet El Rubaie**
STREET ADDRESS **11810 Isle of Palms Dr.**
CITY-ST-ZIP **FMB FL 33931**

TITLE ☐ Change ☒ Addition
NAME **Ginger Weber**
STREET ADDRESS **1551 Pinecrest Rd**
CITY-ST-ZIP **Ft. MYERS 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-09-05 239-765-5136