


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90571 046 ****61.25

DOCUMENT # N04000000873 1. Entity Name GULF BREEZE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.			
Principal Place of Business 625 GULF BREEZE PARKWAY GULF BREEZE, FL 32561		Mailing Address 625 GULF BREEZE PARKWAY GULF BREEZE, FL 32561	
2. Principal Place of Business 649 Gulf Breeze Pkwy Suite, Apt. #, etc.		3. Mailing Address 649 Gulf Breeze Pkwy Suite, Apt. #, etc.	
City & State Gulf Breeze FL Zip 32561		City & State Gulf Breeze FL Zip 32561	
Country USA		Country USA	
4. FEI Number 20-0669546		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PULLEY, CHARLES H 629 GULF BREEZE PARKWAY GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Jill Z. mitchell Street Address (P.O. Box Number is Not Acceptable) 649 Gulf Breeze Parkway City Gulf Breeze State FL Zip Code 32561	
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 Jill Z. mitchell GBMS PTO Treasurer 4/15/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULLEY, CHARLES H 506 DEER POINT DRIVE GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Adams, Mary 516 Navy Cove Blvd. Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDLE, CONNIE 905 AQUAMARINE DRIVE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fish, Emma 2743 Sanibel Place Gulf Breeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, JILL Z 2928 CORAL STRIP PARKWAY GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Landry, Suzanne 405 Waterford Lane Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, SHARON 955 GONDOLIER BLVD. GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harvey, Roberta 2963 Coral Strip Parkway Gulf Breeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENEZIA, JANINE 1401 PLAYERS CLUB CIRCLE GULFBREZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoewt, Dana 99 Highpoint Drive Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, SUSAN 947 VESTAVIA WAY GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	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: Jill Z. mitchell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		GBMS PTO Treasurer 934-1316 <small>Date Daytime Phone #</small>	

60030003



03212005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PULLEY, CHARLES H
629 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

Name **Jill Z. mitchell**
Street Address (P.O. Box Number is Not Acceptable)

649 Gulf Breeze Parkway
City **Gulf Breeze** State **FL** Zip Code **32561**

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 **Jill Z. mitchell** **GBMS PTO Treasurer 4/15/05**
(NOTE: Registered Agent signature required when reinstating)

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PULLEY, CHARLES H
506 DEER POINT DRIVE
GULF BREEZE, FL 32561 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Adams, Mary
516 Navy Cove Blvd.
Gulf Breeze, FL 32561 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RANDLE, CONNIE
905 AQUAMARINE DRIVE
GULF BREEZE, FL 32563 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Fish, Emma
2743 Sanibel Place
Gulf Breeze, FL 32563 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MITCHELL, JILL Z
2928 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Landry, Suzanne
405 Waterford Lane
Gulf Breeze, FL 32561 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNER, SHARON
955 GONDOLIER BLVD.
GULF BREEZE, FL 32561 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Harvey, Roberta
2963 Coral Strip Parkway
Gulf Breeze, FL 32563 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VENEZIA, JANINE
1401 PLAYERS CLUB CIRCLE
GULFBREZE, FL 32563 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Hoewt, Dana
99 Highpoint Drive
Gulf Breeze, FL 32561 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, SUSAN
947 VESTAVIA WAY
GULF BREEZE, FL 32563 ☒ Delete

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: **Jill Z. mitchell** **GBMS PTO Treasurer 934-1316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/15/05