


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90049 038 ****61.25

DOCUMENT # N04000000873 1. Entity Name GULF BREEZE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.					
Principal Place of Business 649 GULF BREEZE PARKWAY GULF BREEZE, FL 32561			Mailing Address 649 GULF BREEZE PARKWAY GULF BREEZE, FL 32561		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MITCHELL, JILL Z 649 GULF BREEZE PARKWAY GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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: <i>Jill Z. Mitchell</i> Jill Z. Mitchell 2/21/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 ADAMS, MARY <input checked="" type="checkbox"/> Delete 516 NAVY COVE BLVD GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bradshaw, Judy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2660 Bay Street Gulf Breeze, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISH, EMMA <input type="checkbox"/> Delete 2743 SANIBEL PLACE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, JILL Z <input type="checkbox"/> Delete 2928 CORAL STRIP PARKWAY GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, SUZANNE <input type="checkbox"/> Delete 405 WATERFORD LANE GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACENTA, JAN <input type="checkbox"/> Delete 647 BONILACE CIR GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEWIT, DANA <input checked="" type="checkbox"/> Delete 99 HIGHPOINT DRIVE GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grace Julie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 601 Plantation Hill Road Gulf Breeze, FL 32561	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jill Z. Mitchell</i> Jill Z. Mitchell 2/21/07 (850) 934-1316 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					