

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000873

FILED
Feb 13, 2012
Secretary of State

Entity Name: GULF BREEZE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

649 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

649 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-0669546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRACE, JULIE
649 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: GRACE, JULIE
Address: 601 PLANTATION HILL ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: P
Name: ARMSTRONG, AMY
Address: 809 RIO VISTA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VP
Name: DEMOTTS, JANNA
Address: 827 BAYCLIFFS ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: VP
Name: FINKBONE, RITA
Address: 214 SABINE DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VP
Name: DAVIS, CAROLYN
Address: 1106 CRANE COVE BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: VP
Name: GILBREATH, KAREN
Address: 830 BAYCLIFFS ROAD
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: JULIE GRACE

T

02/13/2012

Electronic Signature of Signing Officer or Director

Date