



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002796 1. Entity Name PTO FL - BUNNELL ELEMENTARY SCHOOL, INCORPORATED				FILED 05 FEB 11 PM 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 800 E. HOWE ST. BUNNELL, FL 32110		Mailing Address 800 E. HOWE ST. BUNNELL, FL 32110			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 937 Suite, Apt. #, etc.			
City & State BUNNELL, FL		City & State BUNNELL, FL		4. FEI Number 75 3144250 Applied For <input type="checkbox"/> Not Applicable	
Zip 32110		Country USA		5. Certificate of Status Desired NO \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKOVITZ, LAVERNE 7 EIGHT IRON PLACE PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name Helene Garcia Street Address (P.O. Box Number is Not Acceptable) 800 E. HOWE ST City BUNNELL FL 32110		
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 <u>Helene Garcia</u> Helene Garcia <u>1/21/05</u> <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, 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	P MARKOVITZ, LAVERNE 7 EIGHT IRON PLACE PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900046928525 02/21/05--01025--011 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILCOX, DIONE 12500 HWY. 11 BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORI MASSEBEAU 1789 County Rd. 304 BUNNELL, FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCINTIRE, PAMALA 85 SLOGANEER TRAIL PALM COAST, FL 32164	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Weeks 6 Sheddin Place Palm Coast, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEMBRY, DAMMIE P.O. BOX 916 BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUZANNE GLAZE 17 KARANDA PLACE Palm Coast, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melissa Beard P.O. Box 1652 Bunnell, FL 32110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Volunteer Coordinator	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Stylene Markovitz</u> Stylene Markovitz <u>2/7/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					