

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002796

FILED
Apr 28, 2006
Secretary of State

Entity Name: PTO FL - BUNNELL ELEMENTARY SCHOOL, INCORPORATED

Current Principal Place of Business:

800 EAST HOWE STREET
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 937
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 75-3144250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, HELENE
800 EAST HOWE STREET
BUNNELL, FL 32110 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: P () Delete
Name: MARKOVITZ, LAVERNE
Address: 7 EIGHT IRON PLACE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: MASSEBEAU, LORI
Address: 1789 COUNTY ROAD 304
City-St-Zip: BUNNELL, FL 32110

Title: T () Delete
Name: WEEKS, KIM
Address: 6 SLEDDING PLACE
City-St-Zip: PALM COAST, FL 32164

Title: S/H () Delete
Name: GLAZE, SUZANNE
Address: 17 KARANDA PLACE
City-St-Zip: PALM COAST, FL 32164

Title: V/C (X) Delete
Name: BEARD, MELISSA
Address: P.O. BOX 1652
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KINARD, DARLENE
Address: 1728 ROSEWOOD STREET
City-St-Zip: BUNNELL, FL 32110

Title: V (X) Change () Addition
Name: SIZEMORE, MARIA
Address: 17 GALLBERRY COURT
City-St-Zip: BUNNELL, FL 32110

Title: T (X) Change () Addition
Name: HELENE GARCIA,
Address: 123 ALDO CIRCLE
City-St-Zip: BUNNELL, FL 32110

Title: S (X) Change () Addition
Name: BLUM, JO-ANNE
Address: 431 HARBOUR LIGHT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HELENE GARCIA

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04/28/2006

Electronic Signature of Signing Officer or Director

Date