


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90020 002 ****70.00

DOCUMENT # N04000003097 1. Entity Name GEMINI ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.					
Principal Place of Business 2100 OAK STREET MELBOURNE BEACH, FL 32951			Mailing Address 2100 OAK STREET MELBOURNE BEACH, FL 32951		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 06-1727456	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAVOIE, RIKKA 306 ORANGE ST MELBOURNE BEACH, FL 32951				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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 _____ <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, 2008		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	D,S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHODOROW, MARGIE		NAME		
STREET ADDRESS	2080 SOUTH RIVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	D,P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRAIN, KATHY		NAME	D,P	
STREET ADDRESS	353 ALBACORE PL		STREET ADDRESS	PURCELL, DORIS	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	131 SIGNATURE DR	
TITLE	D,P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAVOIE, RIKKA		NAME		
STREET ADDRESS	306 ORANGE ST		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	D,T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWTON, SHEILA		NAME	D,V	
STREET ADDRESS	2201 REDWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D,V	
STREET ADDRESS			STREET ADDRESS	GREENE, LEIANN	
CITY-ST-ZIP			CITY-ST-ZIP	1508 PINE ST	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D,T	
STREET ADDRESS			STREET ADDRESS	WESTERFIELD, MARY	
CITY-ST-ZIP			CITY-ST-ZIP	283 MARLIN PLACE	
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>Rik Lavoie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/31/08 <small>Date</small>		
<small>Daytime Phone #</small>					

ATTACHMENT 40023799

#N04000003097

2008 NOT -FOR -PROFIT CORPORATION ANNUAL REPORT - cont'd

Block 11 (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10) continued:

	Change	Addition
TITLE: D/S		
NAME: Becky Redish		
STREET ADDRESS: 7304 S. Highway A1A		
CITY-ST-ZIP: Melbourne Beach, FL 32951		

	Change	Addition
TITLE: D/C		
NAME: Donna Lack		
STREET ADDRESS: 160 River Drive		
CITY-ST-ZIP: Melbourne Beach, FL 32951		

	Change	Addition
TITLE: D/T		
NAME: Shelly Vehec		
STREET ADDRESS: 328 Las Olas Drive		
CITY-ST-ZIP: Melbourne Beach, FL 32951		