

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90032 035 \*\*\*\*70.00

**DOCUMENT # N04000004568**

1. Entity Name  
**SEALEY ELEMENTARY SCHOOL PARENT TEACHER  
ORGANIZATION, INC.**



Principal Place of Business  
**2815 ALLEN RD  
TALLAHASSEE, FL 32312**

Mailing Address  
**2815 ALLEN RD  
TALLAHASSEE, FL 32312**

4000000000



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

04252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**26-0088903**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**INSERRA, TOM  
2815 ALLEN RD  
TALLAHASSEE, FL 32312**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
NAME **JENSEN, YSONNE**  
STREET ADDRESS **744 DERBYSHIRE ROAD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **DPP** ☐ Delete  
NAME **WHITE, PAMELA**  
STREET ADDRESS **DEPT. OF FINANCIAL SRVES 200 E GAINES ST**  
CITY-ST-ZIP **TALLAHASSEE, FL 323990321**

TITLE **DVP** ☐ Delete  
NAME **WILLIS, SANDY**  
STREET ADDRESS **3125 ORTEGA DR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **DT** ☒ Delete  
NAME **TOUGAS, DEBRA**  
STREET ADDRESS **FBMC 3100 SESSIONS RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition  
NAME **Anne Hoofnagle**  
STREET ADDRESS **893 Madeira Cir**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition  
NAME **STEVEN Auerbach**  
STREET ADDRESS **3300 Wiltshire Rd**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** **STEVEN Auerbach**

**4/25/07**

**(850)  
766 6464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #