

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90211 041 ****61.25

40070010



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2996096** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COX, JAMES A
HARTSFIELD ELEMENTARY
1414 CHOWKEEBIN NENE
TALLAHASSEE, FL 32301

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, 2005

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	P	<input type="checkbox"/> Delete
NAME	COX, JAMES A	
STREET ADDRESS	1503 WEKEWA NENE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCDOWELL, JUDI	
STREET ADDRESS	726 RIGGINS RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEVORE, SHARON	
STREET ADDRESS	1805 INDIANHEAD DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, KATHLEEN	
STREET ADDRESS	504 E JENNINGS ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Polly McRuliffe	
STREET ADDRESS	2009 Glenridge Dr.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ashley Ocampo	
STREET ADDRESS	1517 Chowkeeban Nene	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2005 (850) 942-2489

Date

Daytime Phone #