2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90191 036 ****61.25

50017239

CR2E037 (11/05)

DATE

Applied For Not Applicable

\$8.75 Additional

Zip Code

Fee Required

DOCUMENT # N04000005032 RANK S. HARTSFIELD ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC. Principal Place of Business Mailing Address 1414 CHOWKEEBIN NENE 1414 CHOWKEEBIN NENE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Cha-NP 4. FEI Number 59-2996096 City & State City & State Zip Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Kathleen Smith</u> COX. JAMES A HARTSFIELD ELEMENTARY Street Address (P.O. Box Number is Not Acceptable) 1414 CHOWKEEBIN NENE TALLAHASSEE, FL 32301 City 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) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Delete Kathleen Smith COX, JAMES A NAME NAME STREET ADDRESS 1503 WEKEWA NENE STREET ADDRESS TALLAHASSEE, FL 32301 CITY - ST - ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE

Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ■ Addition Change ☐ Addition MCAILIFFE, POLLY NAME NAME STREET ADDRESS 2009 GLENRIDGE DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY+ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME OCAMPO, ASHLEY NAME 1517 CHOWKEEBIN NENE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change SMITH, KATHLEEN NAME NAME STREET ADDRESS 504 E JENNINGS ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 it 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:

850)645-247

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Accorded

DOCUMENT # N0400005032 1. Entity Name FRANK S. HARTSFIELD ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.							A ^c	TTACH	· MEN	JT
1414 CHOWKEEBIN NENE 1416 TALLAHASSEE, FL 32301 TALL			ing Address 14 CHOWKEEBIN NENE LLAHASSEE, FL 32301			vames.		74.		
			Mailing Address •			THE STATE OF			سلسالسيا	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03292006	Chg-NP	CR2E037		
,			City & State			4. FEI Number Applied For S9-2996096 Not Applicable				
Zip	Country	Zip		Country			of Status Desired		88.75 Add ee Required	
	6. Name and Address of C	urrent Registered	Agent	Name		7. Name and	Address of New	Registered A	gent	
1414 CHO	IES A ELD ELEMENTARY IWKEEBIN NENE SSEE, FL 32301	Street Address (I			Kathleen Smith (P.O. Box Number is Not Acceptable) Hartsfield Elementary 1414 Chowkeebin Nene					
·			City			allahass		FL	Zip Code 3230	01
	e named entity submits this stater tions of registered agent.	ment for the purpo	se of changing its re	egistered office or	register	ed agent, or both	n, in the State of F	florida. I am fa		
SIGNATURE.	Signature, typed or printed name of register	ed agent and title if appli	cable INOTE f	Registered Agent signati		urban respectations		DATE		
		<u>.</u>	· · · · · · · · · · · · · · · · · · ·	registered Agent aigreat	Ne rectoried	when remseating)				
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	7 1	Make check orida Departi		
10.	Due by May 1, 2006	ND DIRECTORS	9. Election Camp	paign Financing		\$5.00 May Be Added to Fees	7 1	Make check orida Departi	ment of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006		9. Election Camp	paign Financing entribution.	P Kat 504	\$5.00 May Be Added to Fees DDITIONS/CHA hleen Sm OE Jenni	FIG NGES TO OFFIC	Make check orida Departi ERS AND DIR	ment of St	ate
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4-26-06 (850) 922-5618