


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90028 029 ****61.25

DOCUMENT # N04000005032	
1. Entity Name FRANK S. HARTSFIELD ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.	

Principal Place of Business 1414 CHOWKEEBIN NENE TALLAHASSEE, FL 32301	Mailing Address 1414 CHOWKEEBIN NENE TALLAHASSEE, FL 32301
--	--

40110923



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2996096

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, KATHLEEN
HARTSFIELD ELEMENTARY
1414 CHOWKEEBIN NENE
TALLAHASSEE, FL 32301**

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

Kathleen Smith

Kathleen Smith

5/1/07

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 September 14, 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	P	<input type="checkbox"/> Delete
NAME	SMITH, KATHLEEN	
STREET ADDRESS	1503 WEKEWA NENE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCALIFFE, POLLY	
STREET ADDRESS	2009 GLENRIDGE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OCAMPO, ASHLEY	
STREET ADDRESS	1517 CHOWKEEBIN NENE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	T	<input checked="" 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	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1136 maple	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	April Vickery	
CITY-ST-ZIP	1009 E. Magnolia Dr	
	Tallahassee FL 32301	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Jaeinda Suhr	
CITY-ST-ZIP	2221 Glenwood Lane	
	Tall FL 32308	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Smith

5/1/07 85222-4004

Date

Daytime Phone #