

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005873

FILED
Apr 03, 2007
Secretary of State

Entity Name: PLEW ELEMENTARY PARENT LEADERS ASSOCIATION, INC.

Current Principal Place of Business:

220 PINE AVENUE
C/O JAMES E. PLEW ELEMENTARY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

220 PINE AVENUE
C/O JAMES E. PLEW ELEMENTARY
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-1267801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEEKLEY, LESLIE D
1201 EGLIN PARKWAY
C/O CHESSER & BARR, P.A.
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMPSON, JANET
Address: 4329 HIDDEN LAKES DR.
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: BARTHEL, KATHY
Address: 234 WINDWARD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: HYBI, KATHERINE
Address: 311 RUCKEL
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: COLEMAN, LESLIE
Address: 1504 GLENLAKE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE COLEMAN

TREA

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date