


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000008386</b> 1. Entity Name <b>MARJORY STONEMAN DOUGLAS DEBATE PARENT ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4958 NW 107TH AVE CORAL SPRINGS, FL 33076</b>	Mailing Address <b>4958 NW 107TH AVE CORAL SPRINGS, FL 33076</b>
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**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>90-0145557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required


6. Name and Address of Current Registered Agent  <b>LEVENS, LINDA 10440 NW 49TH PL CORAL SPRINGS, FL 33076</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000677165 03/30/07-80093-018 61.25</b>

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES NADLE, STACEY 4958 NW 107TH AVE CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP SAIFMAN, SHARI 5328 NW 125TH AVE CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP ROSS, ROXANNA 6562 NW 99 AVE PARKLAND, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC GREEN, FERN 10075 NW 62ND ST PARKLAND, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES LEVENS, LINDA 10440 NW 49TH PL CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.		
<b>SIGNATURE:</b> 	<b>Linda Levens</b> TREASURER	<b>3/19/07</b> Date
		<b>954-341-5247</b> Daytime Phone #