


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N04000008386

1. Entity Name
MARJORY STONEMAN DOUGLAS DEBATE PARENT ASSOCIATION, INC.



Principal Place of Business 4958 NW 107TH AVE CORAL SPRINGS, FL 33076	Mailing Address 4958 NW 107TH AVE CORAL SPRINGS, FL 33076
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**LEVENS, LINDA
 10440 NW 49TH PL
 CORAL SPRINGS, FL 33076**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000677165
 03/30/07-80093-018 61.25

10. OFFICERS AND DIRECTORS

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

SIGNATURE:  **Linda Levens** **3/19/07** **954-341-5247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER