

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90048 021 \*\*\*\*61.25

<b>DOCUMENT # N05000002974</b>					
<b>1. Entity Name</b> W.D. SUGG MIDDLE SCHOOL PARENT-TEACHER-STUDENT ORGANIZATION, INC.					
<b>Principal Place of Business</b> 3801 59TH STREET WEST BRADENTON, FL 34209			<b>Mailing Address</b> 3801 59TH STREET WEST BRADENTON, FL 34209		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 61-1492224	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GOSTELLO, DENISE 3801 59TH STREET WEST BRADENTON, FL 34209			<b>7. Name and Address of New Registered Agent</b> Name <u>Mary M. Vogt</u> Street Address (P.O. Box Number is Not Acceptable) <u>3801 59th St. W.</u> City <u>Bradenton</u> <u>FL</u> Zip Code <u>34209</u>		
<b>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.</b> SIGNATURE <u>Mary M. Vogt</u> <u>Mary M. Vogt</u> <u>2/27/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP <b>NAME</b> GALIAGHER, MARYANN <b>STREET ADDRESS</b> 3801 59TH ST W <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> MEADOR, KATHY <b>STREET ADDRESS</b> 3801 59TH ST W <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Mary M. Vogt <b>STREET ADDRESS</b> 3801 59th St. W. <b>CITY-ST-ZIP</b> Bradenton FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> CASTELLO, DENISE <b>STREET ADDRESS</b> 6406 35TH AVE W <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Colleen CLARK <b>STREET ADDRESS</b> 3801-59th St. W <b>CITY-ST-ZIP</b> BRADENTON FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 1VP <b>NAME</b> HELLMER, TONI <b>STREET ADDRESS</b> 6114 37TH AVE W <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 1VP <b>NAME</b> SHEILA WALKER <b>STREET ADDRESS</b> 3801 59th ST W <b>CITY-ST-ZIP</b> BRADENTON FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>Mary M. Vogt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/27/07</u> <small>Date</small>		<u>9417619603</u> <small>Daytime Phone #</small>