

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008233

FILED
Mar 21, 2009
Secretary of State

Entity Name: BENNETT C RUSSELL ELEMENTARY PARENT TEACHER ORGANIZATION INC.

Current Principal Place of Business:

3740 EXCALIBUR WAY
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

3740 EXCALIBUR WAY
MILTON, FL 32583

New Mailing Address:

FEI Number: 45-0567552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PAM
3740 EXCALIBUR WAY
MILTON, FL 32583 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: PD () Delete
Name: ADAMS, MELISSA
Address: 3259 BERNATH DRIVE
City-St-Zip: MILTON, FL 32583

Title: VPD () Delete
Name: DEDRA, FLEMING
Address: 5713 ABBINGTON LANE
City-St-Zip: MILTON, FL 32583

Title: TD () Delete
Name: GILLESPIE, RHONDA
Address: 4708 HENRY WILSON CREEK DRIVE
City-St-Zip: MILTON, FL 32583

Title: SEC () Delete
Name: RUIZ, ERIKA
Address: 4426 CHANTILLY WAY
City-St-Zip: MILTON, FL 32583

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: SEC (X) Change () Addition
Name: BOYKIN, CHRISTINE
Address: 5601 CHANTERLLE CIR
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify 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: RHONDA GILLESPIE

TD

03/21/2009

Electronic Signature of Signing Officer or Director

Date