## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009576

FILED Apr 29, 2009 Secretary of State

Entity Name: GRETCHEN EVERHART SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2750 MISSION ROAD TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

2750 MISSION ROAD TALLAHASSEE, FL 32304

FEI Number: 33-1164546 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAUBE, DEBRA 2750 MISSION ROAD TALLAHASSEE, FL 32304 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:D()) DeleteTitle:TREA(X) Change () AdditionName:BUCHANAN, SANDRAName:MCKINLESS, TRACYAddress:2750 MISSION ROADAddress:2750 MISSION ROADCity-St-Zip:TALLAHASSEE, FL 32304City-St-Zip:TALLAHASSEE, FL 32304

Title: D ( ) Delete Title: SECR (X) Change ( ) Addition Name: BRENNAN, LAURIE Name: LIVINGSTON, JACKIE

Address: 2750 MISSION ROAD Address: 2750 MISSION ROAD
City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 TAUBE, DEBRA
 Name:
 TAUBE, DEBRA

 Address:
 2750 MISSION ROAD
 Address:
 2750 MISSION ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 TALLAHASSEE, FL 32304

Title: D ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BENEDIX, CLYDE
 Name:
 RAY, LINDA

 Address:
 2750 MISSION ROAD
 Address:
 2750 MISSION ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:
 TALLAHASSEE, FL 32304

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: DEBRA TAUBE PRES 04/29/2009