

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90031 022 ****61.25

DOCUMENT # N07181



1. Entity Name
**ENGLEWOOD ELEMENTARY PARENT TEACHER
ORGANIZATION, INC.**

Principal Place of Business
**% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD, FL 34223-3702 US**

Mailing Address
**% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD, FL 34223-3702 US**

44008629



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2344281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKINSON, ROBERT A
460 S INDIANA AVE
ENGLEWOOD, FL 34223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **STORE, COLEEN**
STREET ADDRESS **5886 HARRISON RD**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☒ Change ☐ Addition
NAME **134 CLEAR LAKE DRIVE**
STREET ADDRESS **ENGLEWOOD, FL 34223**
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **GOMOLL, DIANNE**
STREET ADDRESS **170 CIRCLEWOODS DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **MAYLOR, APRIL**
STREET ADDRESS **131 BROADWAY TERR**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Colleen L Store
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04

Date

941-474-3247

Daytime Phone #