## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2005 8:00 am Secretary of State

05-03-2005 90071 014 \*\*\*\*61.25

## **DOCUMENT # N07181**

ENGLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION, INC.



Principal Place of Business OF DODEDT A DICKINGON

Mailing Address OF DUBERT & DICKINGON

460 S INDIAI ENGLEWOOD	NA AVE	-3702 US	460	460 S INDIANA AVE ENGLEWOOD, FL 34223-3702 US									
2. Principal Place of Business 3			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04062005 Chg-NP CR2E037 (10/03)					
City & State				City & State				4. FEI Number Applied For 59-2344281 Not Applicable					
Zip		Zij	ρ	intry		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
DICKINSON, ROBERT A						Name							
460 S INDIANA AVE ENGLEWOOD, FL 34223						Street Address (P.O. Box Number is Not Acceptable)							
				City						FL	Zip Cod	6	
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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  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
5		.1											
Filing Fee Is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		vlake check rida Depart			
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
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NAME	.STORE, C				MAH								
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NAME	GOMOLL,				NAM	-	Cin	dy Books, crestwood	RA			` '	
STREET ADDRESS	170 CIRCLEWOODS DR				ET ADDRESS	173	glewood, PL	3422	3				
CITY-ST-ZIP	VENICE, FL 34293				╂	-ST-ZIP	_ `	·	3900	<u></u>			
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12   bereby	certify that the	information eupplied wit	th this filing	does not qualify for	the eve	motion etc	ted in Se	ection 119 07/3\/i) Fig	nrida Statutes	Liurther cert	ify that the i	nformation	

I nereby certify that the information supplied with this filling does not quality 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: \_\_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR