

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90304 010 \*\*\*\*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

60024306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2344281

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE D ☒ Delete  
NAME STORE, COLEEN  
STREET ADDRESS 134 CLEAR LAKE DR.  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE DP ☒ Delete  
NAME MAYLOR, APRIL  
STREET ADDRESS 131 BROADWAY TERR  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE DV ☐ Delete  
NAME BOOKS, CINDY  
STREET ADDRESS 745 CRESTWOOD RD  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☒ Addition  
NAME Judy DeMersman  
STREET ADDRESS 1997 Whispering Pines Pt.  
CITY-ST-ZIP Englewood, FL 34223

TITLE DV ☒ Change ☒ Addition  
NAME Hamrick, Diane  
STREET ADDRESS 555 Kilbourne Ave.  
CITY-ST-ZIP Englewood, FL 34223

TITLE DP ☒ Change ☐ Addition  
NAME Books, Cindy  
STREET ADDRESS 745 Crestwood Rd.  
CITY-ST-ZIP Englewood, FL 34223

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

TITLE ☐ Change ☐ Addition  
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 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.

**SIGNATURE:** Judy DeMersman Judy DeMersman 4-8-06 941-474-0097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #