2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

DOCUMENT# N09000004199

Entity Name: DEANE BOZEMAN SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

13410 HWY 77
PANAMA CITY, FL 32409

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8494
SOUTHPORT, FL 32409

New Mailing Address:

FEI Number: 26-4773432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALBREATH, STACIE
13920 ASHTON WAY
PANAMA CITY, FL 32409 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: P
Name: GALBREATH, STACIE
Address: 13920 ASHTON WAY
City-St-Zip: PANAMA CITY, FL 32409

Title: VP
Name: SMITH, AMY
Address: 13618 WOODCREST BLVD
City-St-Zip: PANAMA CITY, FL 32409

Title: T
Name: SWEARINGTON, TAMMI
Address: 2601 E HWY 20
City-St-Zip: PANAMA CITY, FL 32409

Title: S
Name: ROUNDS, CYNTHIA
Address: 3411 HIGH CLIFF ROAD
City-St-Zip: PANAMA CITY, FL 32409

Title: FD
Name: THOMAS, CHARLA
Address: 754 HWY 20
City-St-Zip: YOUNGSTOWN, FL 32466

Title: PRIN
Name: PAYNE, WILLIAM
Address: 1905 CHESTNUT AVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: STACIE GALBREATH P 02/01/2011

Electronic Signature of Signing Officer or Director Date