


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90025 044 \*\*\*\*61.25

<b>DOCUMENT # N12544</b> 1. Entity Name <b>PARENTS FOR DEBATERS, NORTH MIAMI BEACH SENIOR HIGH SCHOOL, INC.</b>					
Principal Place of Business <b>% HOWARD W GORDON 2035 NE 201 TERRACE NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>% HOWARD W GORDON 2035 NE 201 TERRACE NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01132004    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>59-2604514</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GORDON, HOWARD W 2035 NE 201 TERRACE NORTH MIAMI BEACH, FL 33179</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, HOWARD W		NAME		
STREET ADDRESS	2035 NE 201 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, DIANE		NAME		
STREET ADDRESS	19512 BOB-O-LINK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COUNTRY CLUB OF MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KLUGELUIAU, MARTY & SUE		NAME	<b>PD - Felipe Del Canto</b>	
STREET ADDRESS	1458 NE 182 ST.		STREET ADDRESS	<b>1247 NE 167 STREET</b>	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL		CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33162</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLATT, ANDREA		NAME	<b>TD - #drienir Aboite</b>	
STREET ADDRESS	1300 NE 191ST ST.		STREET ADDRESS	<b>1247 NE 167 STREET</b>	
CITY-ST-ZIP	N. MIAMI BEACH, FL		CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33162</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARFINKLE, FREDERIC		NAME	<b>SD - Muriel Jean Baptiste</b>	
STREET ADDRESS	20625 NE 22 PL		STREET ADDRESS	<b>1247 NE 167 STREET</b>	
CITY-ST-ZIP	N MIAMI BEACH, FL 33180		CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33179</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANTAMARIA, RUTH		NAME	<b>VD - Barbara Killings</b>	
STREET ADDRESS	1247 NE 167TH ST.		STREET ADDRESS	<b>1247 NE 167 STREET</b>	
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33162</b>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>29 March 04</b> Daytime Phone #: <b>305-789-9233</b>		

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