

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22100** (4)

1. Corporation Name

**PARENT-TEACHERS ORGANIZATION OF BOB SIKES ELEMEN
TARY SCHOOL, INC.**



Principal Place of Business

Mailing Address

**%RODNEY STOREY
425 ADAMS DRIVE
CRESTVIEW FL 32536**

**%RODNEY STOREY
425 ADAMS DRIVE
CRESTVIEW FL 32536**

3. Date Incorporated or Qualified
08/17/1987

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **J. Glenn Bowen**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

Zip

Country

24 25 29 30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOREY, RODNEY
425 ADAMS DRIVE
CRESTVIEW FL 32536**

81 Name **J. Glenn Bowen**
82 Street Address (P.O. Box Number is Not Acceptable)
425 Adams Drive
83 **B.**
84 City **Crestview** FL 85 Zip Code **32536**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

J. Glenn Bowen

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☒ DELETE
NAME **LENNARD, DARLENE**
STREET ADDRESS **119 THURSTON PLACE**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **DP** ☒ DELETE
NAME **LUND, MARION**
STREET ADDRESS **151 TWIN OAK DRIVE**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **D** ☒ DELETE
NAME **STOREY, RODNEY**
STREET ADDRESS **102 W. EDDY AVENUE**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☒ Change ☐ Addition
1.2 NAME **Michelle Gibbs**
1.3 STREET ADDRESS **113 Eloise Place**
1.4 CITY-ST-ZIP **Crestview FL 32536**

2.1 TITLE **DT** ☒ Change ☐ Addition
2.2 NAME **Donna Duran**
2.3 STREET ADDRESS **5637 Wildwood**
2.4 CITY-ST-ZIP **Crestview, FL 32536**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **J. Glenn Bowen**
3.3 STREET ADDRESS **2883 Silver Hill Rd**
3.4 CITY-ST-ZIP **Crestview FL 32536**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michelle K. Gibbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)