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Feb 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

WRODNEY STOREY
425 ADAMS DRIVE
CRESTVIEW FL 32536

BOWEN, GLENN J
425 ADAMS DRIVE
CRESTVIEW FL 32536-1805
US

3. Date Incorporated or Qualified
08/17/1987

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Bob Sikes Elementary School
Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 425 ADAMS DRIVE
CRESTVIEW FL

27

23 CRESTVIEW FL

28

24 Zip 32536 Country OKA1005A

29 Zip Country

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

BOWEN, J. GLENN
425 ADAMS DR
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 G
NAME IBBS, MICHELE
STREET ADDRESS 113 ELOISE PLACE
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE DT
NAME DUVAN, DONNA
STREET ADDRESS 5637 WILDWOOD
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE D
NAME BOWEN, J. GLENN
STREET ADDRESS 2883 SILVER HILL RD
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MICHELE IBBS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97

689-7268

Date

Daytime Phone # 0073496

CR2E037 (9/96)