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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22100 (4)
1. Corporation Name
PARENT-TEACHERS ORGANIZATION OF BOB SIKES ELEMENTARY SCHOOL, INC.

Principal Place of Business BOB SIKES ELEMENTARY SCHOOL 425 ADAMS DRIVE CRESTVIEW FL 32536 US	Mailing Address BOWEN, GLENN J 425 ADAMS DRIVE CRESTVIEW FL 32536 US
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3. Date Incorporated or Qualified
08/17/1987

4. FEI Number
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**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT G	1.1 TITLE	D P
NAME	IBBS, MICHELE	1.2 NAME	NATALIE ESLINGER
STREET ADDRESS	113 ELOISE PLACE	1.3 STREET ADDRESS	1225 JEFFREYSCOT DR.
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539
TITLE	DT	2.1 TITLE	D V
NAME	DUVAN, DONNA	2.2 NAME	TINA GATLIN
STREET ADDRESS	5637 WILDWOOD	2.3 STREET ADDRESS	4408 POVERTY CREEK RD.
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539
TITLE	D	3.1 TITLE	DT
NAME	BOWEN, J. GLENN	3.2 NAME	DOLores STANLEY
STREET ADDRESS	2883 SILVER HILL RD	3.3 STREET ADDRESS	6363 BETHANY DR.
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539
TITLE		4.1 TITLE	D S
NAME		4.2 NAME	DONNA DURAN
STREET ADDRESS		4.3 STREET ADDRESS	5737 WILDWOOD RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539
TITLE		5.1 TITLE	D
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Natalie Eslinger **1/21/98**

CR2E037 (10/97)