


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90037 020 \*\*\*\*61.25

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|-------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N22100**

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

**08/17/1987**

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

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 ☐ DELETE

TITLE **DP**  
NAME **ESLINGER, NATALIE**  
STREET ADDRESS **1225 JEFFREYSCOT DR**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **DV** ☐ DELETE

NAME **GATLIN, TINA**  
STREET ADDRESS **4408 POVERTY CREEK RD**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ DELETE

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

TITLE **DT** ☐ DELETE

NAME **STANLEY, DELORES**  
STREET ADDRESS **6363 BETHANY DR**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **DS** ☐ DELETE

NAME **DURAN, DONNA**  
STREET ADDRESS **5737 WILDWOOD ROAD**  
CITY-ST-ZIP **CRESTVIEW FL 3**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **TOWNLEY, CECIL**  
1.3 STREET ADDRESS **5771 WILDWOOD Rd.**  
1.4 CITY-ST-ZIP **CRESTVIEW, FL. 32536**

2.1 TITLE **DV** ☒ Change ☐ Addition  
2.2 NAME **MOYER, LISA**  
2.3 STREET ADDRESS **2604 VICTORIA PL.**  
2.4 CITY-ST-ZIP **CRESTVIEW, FL. 32536**

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 **DS** ☒ Change ☐ Addition  
5.2 NAME **MARTELLO, DARLA**  
5.3 STREET ADDRESS **114 TWIN OAK DR.**  
5.4 CITY-ST-ZIP **CRESTVIEW, FL. 32536**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: **DeLores Stanley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/99 (850) 684-3194**  
Date Daytime Phone #

CR2E037 (11/98)