

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90077 019 ****61.25

DOCUMENT # N22100

1. Entity Name

PARENT-TEACHERS ORGANIZATION OF BOB SIKES
ELEMENTARY SCHOOL, INC.



Principal Place of Business

425 ADAMS DRIVE
CRESTVIEW FL 32536
US

Mailing Address

425 ADAMS DRIVE
CRESTVIEW FL 32536
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULRICH, PETER
425 ADAMS DR
CRESTVIEW FL 32536

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME MITCHELL, JEAN ☐ Delete
STREET ADDRESS 723 ADAMS DRIVE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE DP ☒ Change ☒ Addition
NAME Moody, Robbin
STREET ADDRESS 125 Jacob Dr.
CITY-ST-ZIP Crestview, FL 32536

TITLE DV ☐ Delete
NAME FISH, SHERRI
STREET ADDRESS 111 MOHAWK TR.
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE DV ☐ Change ☒ Addition
NAME Karen Cadenhead
STREET ADDRESS Po Box 1559
CITY-ST-ZIP Crestview, FL 32536

TITLE DT ☐ Delete
NAME MOODY, ROBBIN
STREET ADDRESS 125 JACOB DR.
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE DT ☐ Change ☒ Addition
NAME Donald Cadenhead
STREET ADDRESS 5973 Victorious Way A.
CITY-ST-ZIP Crestview, FL 32536

TITLE DS ☐ Delete
NAME PETERS, DONNA
STREET ADDRESS 2505 SUNSET
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE DS ☐ Change ☒ Addition
NAME Kathie Kasky
STREET ADDRESS 425 Adams Dr.
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.