

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22100

FILED
Jan 18, 2007
Secretary of State

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

Current Principal Place of Business:

425 ADAMS DRIVE
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

425 ADAMS DRIVE
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ULRICH, PETER
425 ADAMS DR
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOODY, ROBBIN
Address: 125 JACOB DR
City-St-Zip: CRESTVIEW, FL 32536

Title: DV () Delete
Name: FISH, SHERRI
Address: 111 MOHAWK TR.
City-St-Zip: CRESTVIEW, FL 32536

Title: DT () Delete
Name: MOODY, ROBBIN
Address: 125 JACOB DR.
City-St-Zip: CRESTVIEW, FL 32536

Title: DS () Delete
Name: PETERS, DONNA
Address: 2505 SUNSET
City-St-Zip: CRESTVIEW, FL 32536

Title: DS (X) Delete
Name: KASKY, KATHIE
Address: 425 ADAMS RD.
City-St-Zip: CRESTVIEW, FL 32536

Title: DV (X) Delete
Name: CODENDREAD, KAREN
Address: P.O. BOX 1559
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: BRANNON, HATTIE
Address: 1213 VALLEY
City-St-Zip: CRESTVIEW, FL 32536

Title: DT (X) Change () Addition
Name: HUFFMAN, MOLLY
Address: 2133 3RD AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: DS (X) Change () Addition
Name: CADENHEAD, KAREN
Address: 3236 TWILIGHT DR
City-St-Zip: CRESTVIEW, FL 32539

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLY HUFFMAN

DT

01/18/2007

Electronic Signature of Signing Officer or Director

Date