

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90056 010 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N22100 1. Entity Name PARENT-TEACHERS ORGANIZATION OF BOB SIKES ELEMENTARY SCHOOL, INC.					
Principal Place of Business WALTHALL, BETH 425 ADAMS DRIVE CRESTVIEW, FL 32536 US			Mailing Address BOWEN, GLENN, I 425 ADAMS DRIVE CRESTVIEW, FL 32536 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Walthall, Beth Suite, Apt. #, etc. City & State Zip Country		
☐ CHECK HERE IF MAKING CHANGES					
4. FEI Number			Applied For ☒ Not Applicable		
5. Certificate of Status Desired			☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WALTHALL, BETH 425 ADAMS DR CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when submitting) DATE: _____					
FILE NOW - FEE IS \$61.25		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	☒ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	STANLEY, DOLORES		NAME	Richard Singleton	
STREET ADDRESS	6363 BETHANY DR		STREET ADDRESS	6157 Garden City Road	
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	DV	☒ Delete	TITLE	DV	☒ Change ☐ Addition
NAME	KURPIL, SHEILA		NAME	Kathie Kosky	
STREET ADDRESS	168 NUN DRIVE		STREET ADDRESS	124 Twin Oak Dr.	
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	DT	☒ Delete	TITLE	DT	☒ Change ☐ Addition
NAME	ALLEY, TERRY		NAME	Robbin Moody	
STREET ADDRESS	6494 HWY 86N		STREET ADDRESS	125 Jacob Dr	
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	DS	☒ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	KOSKY, KATHIE		NAME	Sheri Fish	
STREET ADDRESS	124 TWIN OAKS D		STREET ADDRESS	111 Muhawk Tr	
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
SIGNATURE: <u>Beth Walthall</u>			5/7/03 689-7268		
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR					

90133912



CR2E037 (10/02)