

DOCUMENT # N26522

1. Entity Name

JANIE HOWARD WILSON ELEMENTARY SCHOOL-TEACHER OR
GANIZATION, INC.

Principal Place of Business

Mailing Address

306 FLORIDA AVENUE
LAKE WALES FL 33853
US306 FLORIDA AVENUE
LAKE WALES FL 33853
US

FILED

02 SEP 20 AM 8:52

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOWARD, JOSEPHINE M ED.S.
306 FLORIDA AVENUE
LAKE WALES FL 33853

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.

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 \$11.25

9. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAYNARD, RACHEL	
STREET ADDRESS	2717 NURSERY ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WAPLES, RHONDA	
STREET ADDRESS	2406 OLD BARTOW ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FORD, SUSAN	
STREET ADDRESS	324 MONTEGO CT SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN BODIFORD	
STREET ADDRESS	2901 OLD BARTOW RD	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	VICE PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORY CAPPS	
STREET ADDRESS	3495 AMELIA ST	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWEN HAYES	
STREET ADDRESS	302 FLORIDA AVE	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	TREASURER - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD COX	
STREET ADDRESS	533 AGRANADA DR	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Edward D. Cox EDWARD D. COX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5-29-02 863-676-1706