

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90084 006 ****61.25

DOCUMENT # N26522

1. Entity Name

JANIE HOWARD WILSON ELEMENTARY SCHOOL PARENT
- TEACHER ORGANIZATION, INC.



Principal Place of Business

306 FLORIDA AVENUE
LAKE WALES FL 33853
US

Mailing Address

306 FLORIDA AVENUE
LAKE WALES FL 33853
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

Name

RAY, LINDA J.

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

306 FLORIDA AVENUE

City

LAKE WALES

FL

Zip Code

33853

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

Linda J. Ray

LINDA J. RAY

1-29-04

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, 2004

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

TITLE PD
NAME CAPPS, MARJORY ☒ Delete
STREET ADDRESS 3495 AMEILA ST.
CITY-ST-ZIP LAKE WALES FL 33898

TITLE VPD
NAME CAPPS, MARJORY ☒ Delete
STREET ADDRESS 2901 OLD BARTOW RD.
CITY-ST-ZIP LAKE WALES FL 33859

TITLE S
NAME HAYES, DWEN ☒ Delete
STREET ADDRESS 302 FLORIDA AVE
CITY-ST-ZIP LAKE WALES FL 33859

TITLE TD
NAME COX, EDWARD ☐ Delete
STREET ADDRESS 533 BERMUDA DR
CITY-ST-ZIP LAKE WALES FL 33859

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President Director ☒ Change ☐ Addition
NAME Dorothy Jones
STREET ADDRESS 276 Taylor St.
CITY-ST-ZIP Lake Wales, FL 33859

TITLE Vice President Director ☒ Change ☐ Addition
NAME Lambert, Kimberly
STREET ADDRESS 1030 N. Tower Lane
CITY-ST-ZIP Lake Wales, FL 33853

TITLE Secretary ☒ Change ☐ Addition
NAME CARTER, Rebecca
STREET ADDRESS 651 CORRAINE CR
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE ☐ Change ☐ Addition
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 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

1-29-04

863-678-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #