

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90118 020 \*\*\*\*61.25

<b>DOCUMENT # N26522</b> 1. Entity Name <b>JANIE HOWARD WILSON ELEMENTARY SCHOOL PARENT - TEACHER ORGANIZATION, INC.</b>					
Principal Place of Business <b>306 FLORIDA AVENUE LAKE WALES, FL 33853 US</b>			Mailing Address <b>306 FLORIDA AVENUE LAKE WALES, FL 33853 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAY, LINDA J 306 FLORIDA AVENUE LAKE WALES, FL 33853</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JONES, DOROTHY</b>		NAME	<b>AMANDA HERNDON</b>	
STREET ADDRESS	<b>276 TAYLOR ST.</b>		STREET ADDRESS	<b>409 STAR RIDGE DR.</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 33859</b>		CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAMBERT, KIMBERLY</b>		NAME		
STREET ADDRESS	<b>1030 N. TOWER LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARTER, REBECCA</b>		NAME	<b>BETSY AYLOCK</b>	
STREET ADDRESS	<b>651 CORRAUN CR.</b>		STREET ADDRESS	<b>4374 DINNER LAKE BLVD</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COX, EDWARD</b>		NAME		
STREET ADDRESS	<b>533 BERMUDA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WALES, FL 33859</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Edward D. Cox</u> EDWARD D. COX 7-1-05 863-678-4211</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50054731



06302005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FL**