

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90021 001 ****61.25

DOCUMENT # N26522

1. Entity Name

**JANIE HOWARD WILSON ELEMENTARY SCHOOL PARENT - T
EACHER ORGANIZATION, INC.**



Principal Place of Business

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

Mailing Address

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 \$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	PD	<input checked="" type="checkbox"/> Delete
NAME	BODIFORD, DAWN	
STREET ADDRESS	2901 OLD BARTOW RD	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CAPPS, MARJORY	
STREET ADDRESS	3495 AMELIA ST	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYES, DWEN	
STREET ADDRESS	302 FLORIDA AVE	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, EDWARD	
STREET ADDRESS	533 BERMUDA DR	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, MARJORY	
STREET ADDRESS	3495 AMELIA ST	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODIFORD, DAWN	
STREET ADDRESS	2901 OLD BARTOW RD	
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:

SIGNATURE REQUIRED

4-28-03 863-676-1706

CR2E037 (10/02)