

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90004 045 \*\*\*\*61.25

**DOCUMENT # N43094**

1. Entity Name  
**SOUTHSIDE FUNDAMENTAL MIDDLE SCHOOL  
PARENT/TEACHER/STUDENT ASSOCIATION,  
INCORPORATED**



Principal Place of Business  
**1701 10TH STREET SOUTH  
ST. PETERSBURG, FL 33705**

Mailing Address  
**1701 10TH STREET SOUTH  
ST. PETERSBURG, FL 33705**

**54070406**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08042004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**23-7628083**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARDIN, PETER  
1701 10TH ST S  
ST. PETERSBURG, FL 33705**

7. Name and Address of New Registered Agent

Name **Lachman, Angela**  
Street Address **6090 7th Ave. No.**  
City **St. Petersburg** FL Zip Code **33710**

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 *Angela J. Lachman* **Angela J. Lachman, Treasurer** **8/04/04**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 8, 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	<input checked="" type="checkbox"/> Delete
NAME	GILLET, ANNIE	
STREET ADDRESS	4901 LANSING ST. NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARDIN, PETER	
STREET ADDRESS	1300 86TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BERCUME, KRISTEN	
STREET ADDRESS	4238 45TH ST SO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COTTRILL, MANDY	
STREET ADDRESS	1998 KANSAS AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grove, Lisa	
STREET ADDRESS	7830 17th St. No.	
CITY-ST-ZIP	Saint Petersburg, FL 33702	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Lachman	
STREET ADDRESS	6090 7th Ave. No.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcia Youngerman	
STREET ADDRESS	878 Amelia Court NE	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Wakefield	
STREET ADDRESS	259 79th Ave. No.	
CITY-ST-ZIP	St. Petersburg, FL 33702	
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:** *Angela J. Lachman* **Angela J. Lachman** **8/04/04** **727-344-1455**  
Signature typed or printed name of signing officer or director Date Daytime Phone #