
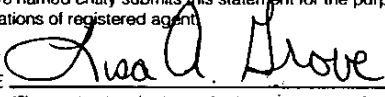
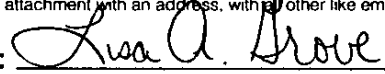


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90115 038 ****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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04142006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 23-7628083	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROVE, LISA 7830 17TH ST N SAINT PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name Karen Falor Street Address (P.O. Box Number is Not Acceptable) 251 43rd Ave. City St. Petersburg Beach FL Zip Code 33706	
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:  Lisa A. Grove 4/19/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD WAKEFIELD, JEAN 259 79TH AVE SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Christine Allamanno 934 7th St. NO. St. Petersburg, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GROVE, LISA 7830 17TH ST SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Karen Falor 251 43rd Ave. St. Petersburg Beach, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FREDRICKSON, LISA 2821 SEABREEZE DR S SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Helle Hartley 5910 Bimini Way No. St. Petersburg Beach, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMS, LESLI 640 RIVIERA BAY DR NE SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 other like empowered.					
SIGNATURE:  Lisa A. Grove			4/19/06 727-864-7566		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		