


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90078 043 \*\*\*\*61.25

<b>DOCUMENT # N45602</b> 1. Entity Name COLUMBIA ELEMENTARY SCHOOL PTA INC.					
Principal Place of Business 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833			Mailing Address 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 23-7106547	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JACKSON, MARLENE 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D PATTI, FRANZ 20854 NETTLETON ORLANDO, FL 32833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORIE LUCAS 17109 DRAWDY CT. ORLANDO, FL 32820	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SUSAN, SHEPARD 2363 ALABASTER AVE ORLANDO, FL 32833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BECKY BLACK 20363 MARDI GRAS ST. ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RITA, DRINKWATER 16402 OLD CHENEY HWY ORLANDO, FL 32833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARYN WEBB 2475 ABALONE BLVD. ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MARLENE 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LONERGAN, ALISON 4123 SUNNYBROOK COURT ORLANDO, FL 32820		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM MOLON 1949 CORNER SCHOOL DR. ORLANDO, FL 32820	
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: <i>Alison Loneragan</i>			1-8-04 407-222-7272		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		