


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90079 007 ****61.25

DOCUMENT # N45602	
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
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20061894



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7106547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACKSON, MARLENE 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833		Name Finkelstein, Karen Street Address (P.O. Box Number is Not Acceptable) 650 Columbia School Rd. City Orlando FL 32833	

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 *Karen Finkelstein* DATE 6/1/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LUCAS, LORIE 17109 DRAWDY CT. ORLANDO, FL 32820	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Edwards, Gary 650 Columbia School Rd Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BLACK, BECKY 20363 MARDI GRAS ST. ORLANDO, FL 32833	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Innis, Tracy 20149 Quinella St. Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WEBB, CARYN 2475 ABALONE BLVD. ORLANDO, FL 32833	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D North, Monica 2329 Abalone Blvd Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MARLENE 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Finkelstein, Karen 650 Columbia School Rd Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LONERGAN, ALISON 4123 SUNNYBROOK COURT ORLANDO, FL 32820	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Patterson, Vicki 19704 Robertson St. Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLON, KIM 1949 CORNER SCHOOL DR. ORLANDO, FL 32820	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Willeke, Angela 2218 Ardon Ave Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 *Karen Finkelstein, Principal* DATE 6/1/05 407 568-2921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Finkelstein, Principal