
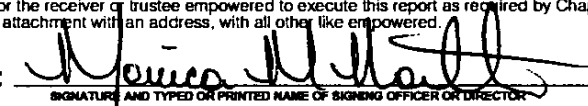


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

06-14-2006 90005 005 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N45602</b><br>1. Entity Name<br>COLUMBIA ELEMENTARY SCHOOL PTA INC.  |  |   |  |   |  |
| Principal Place of Business<br>650 COLUMBIA SCHOOL RD<br>ORLANDO, FL 32833   |  |   | Mailing Address<br>650 COLUMBIA SCHOOL RD<br>ORLANDO, FL 32833 |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                      |  |  |
| City & State   |  |   | City & State   |  |  |
| Zip  |  | Country   |  | Zip  |  |
| Country  |  | Country   |  | 4. FEI Number<br>23-7106547  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>FINKELSTEIN, KAREN<br>650 COLUMBIA SCHOOL ROAD<br>ORLANDO, FL 32833   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| Make check payable to<br>Florida Department of State   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>EDWARDS, GARY<br>650 COLUMBIA SCHOOL ROAD<br>ORLANDO, FL 32833     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | VP<br>Angela Willeke<br>650 Columbia School Rd.<br>Orlando, FL 32833   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>INNIS, TRACY<br>20149 QUINELLA STREET<br>ORLANDO, FL 32833         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | SD<br>Denise Lyons<br>650 Columbia School Rd<br>Orlando, FL 32833  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>NORTH, MONICA<br>2329 ABALONE BOULEVARD<br>ORLANDO, FL 32833       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | TD<br>North, Monica<br>650 Columbia School Rd<br>Orlando, FL 32833   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FINKELSTEIN, KAREN<br>650 COLUMBIA SCHOOL ROAD<br>ORLANDO, FL 32833 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | PD<br>Tracy Innis<br>650 Columbia School Rd<br>Orlando, FL 32833   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>PATTERSON, VICKI<br>19704 ROBERTSON STREET<br>ORLANDO, FL 32833    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | VP<br>Lori Dera<br>650 Columbia School Rd<br>Orlando, FL 32833   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>WILLEKE, ANGELA<br>2218 ARDEN AVENUE<br>ORLANDO, FL 32833          | <input type="checkbox"/> Delete   |  |  |  |
| 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 all other like empowered. |  |   |  |  |  |
| <b>SIGNATURE:</b>   |  |   | 5/24/06 407-568-0100   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date Daytime Phone #</small>                            |  |  |