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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47769** (7)

1. Corporation Name

PARENTS AND TEACHERS FOR MOORE, INC.

Principal Place of Business

Mailing Address

**% W T MOORE ELEMENTARY SCHOOL
RT 17 DEMPSEY MAYO RD
TALLAHASSEE FL 32308**

**% W T MOORE ELEMENTARY SCHOOL
RT 17 DEMPSEY MAYO RD
TALLAHASSEE FL 32308**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/10/1992

4. FEI Number

59-3243742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**GEORGE, KAREN G
3579 GARDENVIEW WAY
TALLAHASSEE FL 32308**

81 Name

Deborah Kirk Bradberry

82 Street Address (P.O. Box Number is Not Acceptable)

4022 ARDARA DR

83

84 City

Talh

FL

85 Zip Code
32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Deborah Kirk Bradberry

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DOLL, LOU L.	
STREET ADDRESS	5154 ILE DE FRANCE DR	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DOLLM HAVON	
STREET ADDRESS	5154 ILE DE FRANCE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	OV	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, ANGELA	
STREET ADDRESS	3230 VARNELL DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, CAROLYN	
STREET ADDRESS	3710 STIRLING DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, KAREN G	
STREET ADDRESS	3579 GARDENVIEW WAY	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Angela Turner	
1.3 STREET ADDRESS	3230 Varnell Drive	
1.4 CITY-ST-ZIP	Tallahassee FL 32308	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Leslie Campbell	
4.3 STREET ADDRESS	2423 Monaco Drive	
4.4 CITY-ST-ZIP	Tallahassee FL 32308	

5.1 TITLE	Treasurer/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Deborah Kirk Bradberry	
5.3 STREET ADDRESS	4022 Ardara Dr.	
5.4 CITY-ST-ZIP	Tallahassee FL 32308	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah Kirk Bradberry

CR2E037 (10/97)