


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90055 005 ****61.25

DOCUMENT # N94000000197	
1. Entity Name SOUTH FLORIDA PRESCHOOL PTA, INC.	

Principal Place of Business P.O. BOX 560772 MIAMI, FL 33156-0772	Mailing Address P.O. BOX 560772 MIAMI, FL 33156-0772
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0426221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, NICOLA J 10750 SW 119 STREET. MIAMI, FL 33176

7. Name and Address of New Registered Agent	
Name Smith, Nichola J.	
Street Address (P.O. Box Number is Not Acceptable)	
City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 MIGON, SAMANTHA 6700 SW 132 STREET. MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Smith, Nichola 10750 SW 119 street MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEINSTEIN, JENNIFER 14620 SW 83 PLACE MIAMI, FL 33158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rafols, Denise 20010 Cutler Court Miami, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRINDLE, MARY 12240 SW 71 CT MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wallin, Sarah 330 Sarto Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABELLA, ILENE 6150 CHAPMAN FIELD DRIVE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elmslie, Dina 8315 SW 153 Terrace Palmetto Bay, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, NICOLA 10750 SW 119ST MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walton, Susan 13429 SW 144 Terrace MIAMI, FL 33186
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 all other like empowered.

SIGNATURE:

Nichola J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/06

Date

305-232-8811

Daytime Phone #