FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004160 (7)**

1. Corporation Name

WOLVERINE DEBATE PARENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11717 SANDERLING DRIVE WELLINGTON FL 33414	11717 SANDERLING DRIVE WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report:
4. FEI Number: 65-0518706 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LUEKE, ANGELA J
11717 SANDERLING DRIVE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LUEKE, ANGELA J	12 NAME		
STREET ADDRESS	11717 SANDERLING DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	NAIRNSEY, JACKIE	22 NAME	DENNIS WAGNER	
STREET ADDRESS	SUE ELLEN DRIVE	23 STREET ADDRESS	156 ROY COURT CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	24 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BERRY, LINDA	32 NAME		
STREET ADDRESS	1748 HARBORSIDE CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	DONOHUE, CHRIS	42 NAME		
STREET ADDRESS	527 INDIGO AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BECKMAN, RICK	52 NAME	ROBERT BERRY	
STREET ADDRESS	13779 STAMFORD DRIVE	53 STREET ADDRESS	1748 HARBORSIDE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	54 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, MARIANNE	62 NAME		
STREET ADDRESS	13505 BRIXHAM STREET	63 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Angela J Lueke 5/2/95 (407) 790-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANGELA J. LUEKE

0048148