

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000004160 (7)**

1. Corporation Name

**WOLVERINE DEBATE PARENTS ASSOCIATION, INC.**



Principal Place of Business

11717 SANDERLING DRIVE  
WELLINGTON FL 33414

Mailing Address

11717 SANDERLING DRIVE  
WELLINGTON FL 33414

3. Date Incorporated or Qualified  
**08/19/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **2101 GREENVIEW SHORES BLVD**

Suite, Apt. #, etc.

22

City & State

23 **WELLINGTON, FL.**

Zip

24 **33414**

Country

25 **USA**

2a. Mailing Address

26 **1433 SAILBOAT CIRCLE**

Suite, Apt. #, etc.

27

City & State

28 **WELLINGTON, FL.**

Zip

29 **33414**

Country

30 **USA**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 **Eileen Dempsey**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1433 SAILBOAT CIRCLE**  
83  
84 City **WELLINGTON** **FL** 85 Zip Code **33414**

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

*Eileen Dempsey*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-29-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAGNER, DENNIS</b>	
STREET ADDRESS	<b>156 ROY COURT CIRCLE</b>	
CITY - ST - ZIP	<b>ROYAL PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NAIRNSEY, JACKIE</b>	
STREET ADDRESS	<b>SUE ELLEN DRIVE</b>	
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERRY, LINDA</b>	
STREET ADDRESS	<b>1748 HARBORSIDE CIRCLE</b>	
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DONOHUE, CHRIS</b>	
STREET ADDRESS	<b>527 INDIGO AVENUE</b>	
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERRY, ROBERT</b>	
STREET ADDRESS	<b>1748 HARBORSIDE CIRCLE</b>	
CITY - ST - ZIP	<b>WELLINGTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NEWMAN, MARIANNE</b>	
STREET ADDRESS	<b>13505 BRIXHAM STREET</b>	
CITY - ST - ZIP	<b>WELLINGTON FL 33414</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D, P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Eileen DEMPSEY</b>	
13 STREET ADDRESS	<b>1433 SAILBOAT CIRCLE</b>	
14 CITY - ST - ZIP	<b>WELLINGTON, FL 33414</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>KRISTY HOOT</b>	
23 STREET ADDRESS	<b>12792 KINGSWAY RD</b>	
24 CITY - ST - ZIP	<b>WELLINGTON, FL 33414</b>	
31 TITLE	<b>D, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>PAM FLEMING</b>	
33 STREET ADDRESS	<b>1267 BARNSTABLE CIRCLE</b>	
34 CITY - ST - ZIP	<b>WELLINGTON, FL 33414</b>	
41 TITLE	<b>MARCY BRENNAN, DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>12287 QUEVUS LANE</b>	
43 STREET ADDRESS	<b>WELLINGTON, FL 33414</b>	
44 CITY - ST - ZIP	<b>WELLINGTON, FL 33414</b>	
51 TITLE	<b>Judy Peeler D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>2183 GREENVIEW COVE DR</b>	
53 STREET ADDRESS	<b>WELLINGTON, FL 33414</b>	
54 CITY - ST - ZIP	<b>WELLINGTON, FL 33414</b>	
61 TITLE	<b>400001849394</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>-06/04/96--01035--008</b>	
63 STREET ADDRESS	<b>***61.25</b>	
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)(k), 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:

*Eileen Dempsey* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eileen Dempsey*

**5-8-96**

Date

**407 7934353**

Daytime Phone #

CR2E037 (12/95)