

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004160 (7)**
1. Corporation Name

WOLVERINE DEBATE PARENTS ASSOCIATION, INC.



Principal Place of Business 2101 GREENVIEW SHORES BLVD WELLINGTON FL 33414	Mailing Address 1433 SAILBOAT CIRCLE WELLINGTON FL 33414
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3. Date Incorporated or Qualified

08/19/1994

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. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMPSEY, EILEEN
1433 SAILBOAT CIRCLE
WELLINGTON FL 33414**

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEMPSEY, EILEEN	
STREET ADDRESS	1433 SAILBOAT CIR.	
CITY-ST-ZIP	WELLINGTON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOT, KRISTY	
STREET ADDRESS	12792 KINGSWAY RD	
CITY-ST-ZIP	WELLINGTON FL 33414	

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

TITLE	DS	<input type="checkbox"/> DELETE
NAME	FLEMING, PAM	
STREET ADDRESS	1267 BARNSTAPLE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	

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

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, MARCY	
STREET ADDRESS	12287 QUERDUS LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEELER, JUDY	
STREET ADDRESS	2183 GREENVIEW COVE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, MARIANNE	
STREET ADDRESS	13505 BRIGHAM STREET	
CITY-ST-ZIP	WELLINGTON FL 33414	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ashley, Norma
6.3 STREET ADDRESS	12238 Lacewood Ct.
6.4 CITY-ST-ZIP	Wellington, FL 33414

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:

[Signature]

4-29-98 561 7934393

CR2E037 (10/97)