

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90127 017 \*\*\*\*61.25

**DOCUMENT # N94000004160**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

9. Name and Address of Current Registered Agent

DEMPSEY, EILEEN  
1433 SAILBOAT CIRCLE  
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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DEMPSEY, EILEEN  
STREET ADDRESS 1433 SAILBOAT CIR.  
CITY-ST-ZIP WELLINGTON FL ☐ DELETE

TITLE D  
NAME HOOT, KRISTY  
STREET ADDRESS 12792 KINGSWAY RD  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE D-  
NAME ASHLEY, N  
STREET ADDRESS 12238 LACEWOOD CT  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE DT  
NAME BRENNAN, MARCY  
STREET ADDRESS 12287 QUERDUS LANE  
CITY-ST-ZIP WELLINGTON FL 33414 ☒ DELETE

TITLE DT  
NAME PEELER, JUDY  
STREET ADDRESS 2183 GREENVIEW COVE DR  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE D  
NAME NEWMAN, MARIANNE  
STREET ADDRESS 13505 BRIKHAM STREET  
CITY-ST-ZIP WELLINGTON FL 33414 ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 561 7934393

CR2E037 (11/98)