

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90076 028 ****61.25

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| DOCUMENT # N96000005936 | | | | | |
| 1. Entity Name PERRINE ELEMENTARY P.T.A., INC. | | | | | |
| Principal Place of Business 8851 SW168TH STREET MIAMI, FL 33157 | | | Mailing Address 8851 SW 168TH ST MIAMI, FL 33157 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 03072006 Chg-NP CR2E037 (11/05) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 23-7628565 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ABERCROMBIE, WRAY 16115 SW 117TH AVENUE 25 MIAMI, FL 33177 | | | | Name 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. <input type="checkbox"/> \$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 VPD NAME AUSTIN, DOUG STREET ADDRESS 8865 SW 183RD TERRACE CITY-ST-ZIP PALMETTO BAY, FL 33157 | <input type="checkbox"/> Delete | | TITLE VPD NAME FAILLACE, NAYFE STREET ADDRESS 16821 SW 87 COURT CITY-ST-ZIP PALMETTO BAY FL 33157 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VPD NAME MENDOZA, ROSE STREET ADDRESS 18100 SW 89TH AVENUE CITY-ST-ZIP PALMETTO BAY, FL 33157 | <input checked="" type="checkbox"/> Delete | | TITLE PD NAME KEIME, STEPHANIE STREET ADDRESS 19800 SW 8TH AVENUE CITY-ST-ZIP MIAMI FL 33157 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE PD NAME ABERCROMBIE, WRAY STREET ADDRESS 17431 SW 93RD AVENUE CITY-ST-ZIP PALMETTO BAY, FL 33157 | <input type="checkbox"/> Delete | | TITLE TD NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME RICHARDS, DOUG STREET ADDRESS 17170 SW 94TH AVENUE CITY-ST-ZIP PALMETTO BAY, FL 33157 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME DIAZ, MERCY STREET ADDRESS 8592 SW 169TH TERRACE CITY-ST-ZIP PALMETTO BAY, FL 33157 | <input type="checkbox"/> Delete | | TITLE VPD NAME TURNER, TARA D STREET ADDRESS 15921 SW 97 AVENUE CITY-ST-ZIP MIAMI FL 33157 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE SD NAME LURIE, SERENA STREET ADDRESS 9000 SW 177TH TERRACE CITY-ST-ZIP PALMETTO BAY, FL 33157 | <input checked="" type="checkbox"/> Delete | | TITLE SD NAME BRODHEAD, KAREN STREET ADDRESS 8600 SW 146 ST CITY-ST-ZIP MIAMI FL 33157 | <input type="checkbox"/> Change <input checked="" 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: <i>W. Austin</i> | | | 3/7/2006 305-253-8713 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |