

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000005546**

1. Entity Name

KENWORTHY PARENT TEACHERS ASSOCIATION, INC.**FILED****Feb 25, 2002 8:00 am**
Secretary of State

02-25-2002 90045 006 ****61.25

Principal Place of Business

Mailing Address

866 LAKE HOWELL RD
MAITLAND FL 32751**P.O. BOX 4457**
WINTER PARK FL 32793-4457

2. Principal Place of Business

3. Mailing Address

PO Box 283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Goldenrod, FL

Zip

Country

32733

Country

USA

4. FEI Number

59-3425237

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CATHY
1630 TEMPLE DRIVE
WINTER PARK FL 32789Name **Jennifer H. Neiswander**

Street Address (P.O. Box Number is Not Acceptable)

2955 Highland Lakes Drive

City

Deltona**FL**

Zip Code

32738

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/22/02

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD SWANN, SHELLEY**
STREET ADDRESS **2042 COCOS COURT**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD WELS, JENNIFER**
STREET ADDRESS **207 TWELVE LEAGUE CIRCLE**
CITY-ST-ZIP **CASSELBERRY FL 32707**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPD BLOUNT, LISA**
STREET ADDRESS **136 BUCKSKIN WAY**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **TD SMITH, CATHY**
STREET ADDRESS **1630 TEMPLE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☒ Change ☐ Addition
NAME **TD Neiswander, Jennifer H.**
STREET ADDRESS **2955 Highland Lakes Drive**
CITY-ST-ZIP **Deltona, FL 32738**TITLE ☐ Delete
NAME **SD SHALLCROSS, LORI**
STREET ADDRESS **3081 HEARTLEAF PLACE**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 **407-679-1810**

CR2E037 (9/01)