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MIAMI-DADE
ELECTIONS

**ELECTIONEERING COMMUNICATION
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Organization

Parents For Better Education

Telephone

305-316-9768

Mailing Address (include city, state and zip code)

10051 SW 15th Terr Miami FL 33174

Street Address (include city, state and zip code)

10051 SW 15th Terr Miami FL 33174

2. Affiliated or Connected Organizations

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Organization

Miami Dade County

4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

Full Name	Mailing Address	Street Address	Title or Position
Bobbie Mesa	10051 SW 15th Terr Miami FL 33174	10051 SW 15th Terr Miami FL 33174	Chairperson/Treasurer

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

- As a newly created organization during the current calendar quarter.
 From an organization existing prior to the current calendar quarter.

6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.

Full Name	Mailing Address	Street Address	Title or Position
Bobbi Mesa	10051 SW 15th Terr Miami FL 33174	10051 SW 15th Terr Miami FL33174	Chairperson/Treasurer

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7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?

Return to Contributors Pro-Rata or Donate to 501(c) (3)

8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications

Name of Bank or Depository	Mailing Address
CHASE	9701 SW 24th Street Miami FL 33165

9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF FLORIDA COUNTY MIAMI DADE

I, Bobbie Mesa, certify that the information in this Statement of

Organization is complete, true, and correct.

X Bobbie Mesa
Signature of Top-ranking Principal Officer of Organization

3/19/2012
Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Bobbie Mesa		Telephone 305-316-9762
Street Address 10051 SW 15th Terr		
City Miami	State FL	Zip Code 33174
Mailing Address SAME		
City	State	Zip Code

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Parents for Better Education		
Street Address 10051 SW 15th Terr		Telephone 305-316-9762
City Miami	State FL	Zip Code 33174

Bobbie Mesa

Signature of Chairperson

Bobbie Mesa

Printed Name of Chairperson

Date

3/19/2012