2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State
02-22-2005 90024 026 ****61.25

DOCUMENT # 732899

1. Entity Name
MASCOTTE ELEMENTARY PARENT-TEACHER ORGANIZATION,INC.

Principal Place of Business	Mailing Address
513 ALBROOK STREET MASCOTTE, FL 34753	513 ALBROOK STREET MASCOTTE, FL 34753

02152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0000922 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANFORD, STEPHEN
3737 INDIGO ROAD
GROVELAND, FL 34736

7. Name and Address of New Registered Agent

Name: KRUSE, JOHN
Street Address (P.O. Box Number is Not Acceptable): 16901 Tuscanooga Road
City: Groveland **FL** Zip Code: 34736

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: John Kruse, Registered Agent 2/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VILLANUEVA, ELIZABETH P.O. BOX 35 GROVELAND, FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STAPLES, BEVERLY 984 SLOANS RIDGE RD. GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MASSEY, BEVERLY 2603 STEPHENS RD. GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANFORD, STEPHEN 3737 INDIGO ROAD GROVELAND, FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRUSE, JOHN 16901 Tuscanooga Road Groveland, FL 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: John Kruse, President 2/17/05 352-429-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #