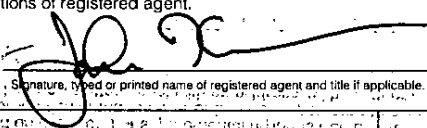
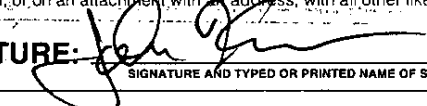


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 513 ALBROOK STREET MASCOTTE, FL 34753			Mailing Address 513 ALBROOK STREET MASCOTTE, FL 34753		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0000922	
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 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	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		352-429-2533	