

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90031 038 ****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**

40016437



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
03-0000922

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRUSE, JOHN
16901 TUSCANOOGA ROAD
GROVELAND, FL 34736**

Name **Laura B. Gotz**

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

City **Mascotte,**

FL

Zip Code
34753

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 *Laura B. Gotz*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **VPD** ☒ Delete
NAME **DEBO-RAMIREZ, DEANNA**
STREET ADDRESS **17845 TUSCANOOGA RD**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE **PD Laura B. Gotz** ☒ Change ☐ Addition
NAME **513 albroom street**
STREET ADDRESS **Mascotte, FL 34753**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **STAPLES, BEVERLY**
STREET ADDRESS **984 SLOANS RIDGE RD.**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Bobbie Neuhauser**
STREET ADDRESS **4225 Underpass Road**
CITY-ST-ZIP **Mascotte FL 34753**

TITLE **SD** ☒ Delete
NAME **MASSEY, BEVERLY**
STREET ADDRESS **2603 STEPHENS RD.**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE **SD** ☒ Change ☐ Addition
NAME **Karen Drawdy**
STREET ADDRESS **18118 Church Street**
CITY-ST-ZIP **Groveland FL 34736**

TITLE **PD** ☒ Delete
NAME **KRUSE, JOHN**
STREET ADDRESS **16901 TUSCANOOGA ROAD**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE **TD** ☒ Change ☐ Addition
NAME **Betsy Trinder**
STREET ADDRESS **863 Sloans Ridge Road**
CITY-ST-ZIP **Groveland FL 34736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Laura B. Gotz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08
Date

Daytime Phone #