2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007458

GLERUM, LORI ASST

LAKELAND, FL 33810

5409 GREENFIELD ACRES RD.

Name:

Address:

City-St-Zip:

Entity Name: MCKEEL ELEMENTARY ACADEMY PTO, INC.

FILED Apr 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 411 N. FLORIDA AVE. LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 411 N. FLORIDA AVE LAKELAND, FL 33801 FEI Number: 20-0202172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, JUDI 411 N. FLORIDA AVE. LAKELAND, FL 33801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BLACK, SHERRY Name: Name: Address: 5017 LOG CABIN DRIVE Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BACKES, EMILY Name: Address: 2173 RAINBOWER DR. Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: () Delete Title: () Change () Addition EDMOND, SHERRY Name: Name: 713 PONDEROSA DR. E. Address: Address: City-St-Zip: LAKELAND, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILSON, STEPHANIE Name: Address: 904 FLAG CT. Address: City-St-Zip: LAKELAND, FL 33823 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRY BLACK P 04/25/2004