

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N46323

Entity Name: PARENTS INVOLVED IN EDUCATION, INC.

Current Principal Place of Business:

GIFFORD YOUTH ACTIVITY CENTER
4855 43RD AVE.
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

101 HARRIS DRIVE
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: 59-3146886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PULLIAM, MILLICENT
101 HARRIS DRIVE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HENRY-PULLIAM, MILLICENT E
Address: 101 HARRIS DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: V () Delete
Name: POWELL, ANNIE L
Address: 4606 30TH AVE
City-St-Zip: VERO BEACH, FL

Title: T () Delete
Name: PERRY, HELEN
Address: 4615 43 AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: POWELL, ANNIE L
Address: 4606 30TH AVE.
City-St-Zip: VERO BEACH, FL

Title: S () Delete
Name: SCOFIELD, VERONICA
Address: 4218 34 AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: PINKNEY, RACHEL
Address: 2820 41ST ST.
City-St-Zip: VERO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MILLICENT PULLIAM

P

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date