

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90015 032 ****61.25

DOCUMENT # N98000001026 1. Entity Name BAK MIDDLE SCHOOL OF THE ARTS PTO, INC.																																																																																																								
Principal Place of Business 1725 ECHO LAKE DR WEST PALM BEACH, FL 33407			Mailing Address 1725 ECHO LAKE DR WEST PALM BEACH, FL 33407																																																																																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																						
City & State		City & State																																																																																																						
Zip	Country	Zip	Country																																																																																																					
4. FEI Number 65-0828975			Applied For ☐ Not Applicable																																																																																																					
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent KENNEDY, ELIZABETH 1725 ECHO LAKE DR WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																					
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 _____ Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering) 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																																																																																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DALTON, LINDA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 ECHO LAKE DR WEST PALM BEACH, FL 33407</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ZINNES, MELANIE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 ECHO LAKE DR WEST PALM BEACH, FL 33407</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CV IRWIN, TAMMY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 ECHO LAKE DR WEST PALM BEACH, FL 33407</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CV WILCOX, CINDY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 ECHO LAKE DR WEST PALM BEACH, FL 33407</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>T HALTY, PAT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 ECHO LAKE DR WEST PALM BEACH, FL 33407</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>S FIELDS, TAMMY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 ECHO LAKE DR WEST PALM BEACH, FL 33407</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CP Wilcox, Cindy</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 Echo Lake Drive West Palm Beach, FL 33407</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>T Lenz, Judith</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1725 Echo Lake Drive West Palm Beach, FL 33407</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	STREET ADDRESS	DALTON, LINDA		CITY-ST-ZIP	1725 ECHO LAKE DR WEST PALM BEACH, FL 33407		TITLE	NAME	☒ Delete	STREET ADDRESS	ZINNES, MELANIE		CITY-ST-ZIP	1725 ECHO LAKE DR WEST PALM BEACH, FL 33407		TITLE	NAME	☐ Delete	STREET ADDRESS	CV IRWIN, TAMMY		CITY-ST-ZIP	1725 ECHO LAKE DR WEST PALM BEACH, FL 33407		TITLE	NAME	☐ Delete	STREET ADDRESS	CV WILCOX, CINDY		CITY-ST-ZIP	1725 ECHO LAKE DR WEST PALM BEACH, FL 33407		TITLE	NAME	☒ Delete	STREET ADDRESS	T HALTY, PAT		CITY-ST-ZIP	1725 ECHO LAKE DR WEST PALM BEACH, FL 33407		TITLE	NAME	☐ Delete	STREET ADDRESS	S FIELDS, TAMMY		CITY-ST-ZIP	1725 ECHO LAKE DR WEST PALM BEACH, FL 33407		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	CP Wilcox, Cindy		CITY-ST-ZIP	1725 Echo Lake Drive West Palm Beach, FL 33407		TITLE	NAME	☐ Change ☒ Addition	STREET ADDRESS	T Lenz, Judith		CITY-ST-ZIP	1725 Echo Lake Drive West Palm Beach, FL 33407		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Judith L. Lenz, Treasurer</u> <u>Judith L. Lenz</u> <u>3/27/08</u> <u>561-371-6486</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																								