

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732899

Entity Name: MASCOTTE ELEMENTARY PARENT-TEACHER ORGANIZATION,INC.

Current Principal Place of Business:

450 MIDWAY AVENUE
MASCOTTE, FL 34753

Current Mailing Address:

PO BOX 252
MASCOTTE, FL 34753 US

FEI Number: 03-0000922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REAGAN, ERICA
450 MIDWAY AVENUE
MASCOTTE, FL 34753 US

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: ERICA REAGAN

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	P
Name	FRANKLIN, KEEGAN	Name	LEIST, DIANA
Address	450 MIDWAY AVE	Address	450 MIDWAY AVENUE
City-State-Zip:	MASCOTTE FL 34753	City-State-Zip:	MASCOTTE FL 34753
Title	SECRETARY	Title	TREASURER
Name	MCEWEN, YVONNE	Name	REAGAN, ERICA
Address	450 MIDWAY AVENUE	Address	450 MIDWAY AVENUE
City-State-Zip:	MASCOTTE FL 34753	City-State-Zip:	MASCOTTE FL 34753

I hereby 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 all other like empowered.

SIGNATURE: ERICA REAGAN

TREASURER

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date