

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004264

**Entity Name:** MATER LAKES ACADEMY PTSO CORP**Current Principal Place of Business:**17300 NW 87TH AVENUE  
PTSO  
MIAMI, FL 33015**Current Mailing Address:**6601 NW 199TH ST  
MIAMI, FL 33015**FEI Number:** 80-0741101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODRIGUEZ, GLORIA  
6601 NW 199TH ST  
MIAMI, FL 33015 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	SIBORI, CLARE
Address	6760 ORCHID DRIVE
City-State-Zip:	MIAMI LAKES FL 33014

Title	VP
Name	CAPO, ZAYDEE
Address	9050 NW 190 STREET
City-State-Zip:	MIAMI FL 33018

Title	VP
Name	MENDEZ, MARIBEL
Address	4850 NW 185 TERRACE
City-State-Zip:	MIAMI FL 33055

Title	T
Name	WOOLLEY, GALE
Address	17800 NW 84TH AVE
City-State-Zip:	MIAMI FL 33015

Title	VP
Name	ASCUNCE, HAYDMEL
Address	7843 NW 170TH TER.
City-State-Zip:	MIAMI FL 33015

Title	P
Name	RODRIGUEZ, GLORIA
Address	6601 NW 199TH STREET
City-State-Zip:	MIAMI FL 33015

Title	SECRETARY
Name	GARCIA , ANNA
Address	8340 NW 170TH TERRACE
City-State-Zip:	MIAMI FL 33015

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:** GLORIA RODRIGUEZ**PRESIDENT****01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date