

**2015 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:**7879 NW 170TH STREET  
MIAMI, FL 33015**FEI Number:** 80-0741101**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZINO, BARBARA  
7879 NW 170 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 CAPO, ZAYDEE  
Address 9050 NW 190 STREET  
City-State-Zip: MIAMI FL 33018Title VP  
Name MENDEZ, MARIBEL  
Address 4850 NW 185 TERRACE  
City-State-Zip: MIAMI FL 33055Title VP  
Name ASCUNCE, HAYDMEL  
Address 7843 NW 170TH TER.  
City-State-Zip: MIAMI FL 33015Title T  
Name HADRA, MARIA  
Address 5351 SW 162 AVE.  
City-State-Zip: DAVIE FL 33331Title S  
Name SIBORI, CLAIRE  
Address 6760 ORCHID DRIVE  
City-State-Zip: MIAMI LAKES FL 33014Title P  
Name ZINO, BARBARA  
Address 7879 NW 170TH ST.  
City-State-Zip: HIALEAH FL 33015Title VP  
Name SARAZOLA, MAYDA  
Address 1534 W. 77TH STREET  
City-State-Zip: HIALEAH FL 33016

*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:** BARBARA B ZINO

03/03/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date