

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001026

Entity Name: BAK MIDDLE SCHOOL OF THE ARTS PTO, INC.**Current Principal Place of Business:**1725 ECHO LAKE DR
WEST PALM BEACH, FL 33407**Current Mailing Address:**1725 ECHO LAKE DR
WEST PALM BEACH, FL 33407**FEI Number:** 65-0828975**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROZANSKI, SALLY
1725 ECHO LAKE DR
WEST PALM BEACH, FL 33407 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:** SALLY ROZANSKI

04/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	TRAN, CATHY
Address	1725 ECHO LAKE DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	LAFFERTY, DANIELLE
Address	1725 ECHO LAKE DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	D
Name	TROAST, ALIX
Address	1725 ECHO LAKE DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	T
Name	CHATURVEDI, BITASTA
Address	1725 ECHO LAKE DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	D
Name	SHANNON, MORIARTY
Address	1725 ECHO LAKE DR
City-State-Zip:	WEST PALM BEACH FL 33407

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: BITASTA CHATURVEDI**TREASURER**

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date