

**2019 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:** No**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

01/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER, WEBSITE AND SOCIAL MEDIA  
Name SANTOYO MOSHER, ESPERANZA  
Address 1725 ECHO LAKE DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT  
Name KINNEY, ALISON  
Address 1725 ECHO LAKE DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title CO-TREASURER  
Name LACOURSE-BLUM, CYNTHIA  
Address 1725 ECHO LAKE DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title VOLUNTEER COORDINATOR  
Name KIRBY, MAJA  
Address 1725 ECHO LAKE DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title CO-TREASURER  
Name MYERS, BOBBIE  
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:** CYNTHIA LACOURSE-BLUM

CO-TREASURER

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date