

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732899

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

513 ALBROOK STREET
MASCOTTE, FL 34753

New Principal Place of Business:

450 MIDWAY AVENUE
MASCOTTE, FL 34753

Current Mailing Address:

513 ALBROOK STREET
MASCOTTE, FL 34753

New Mailing Address:

450 MIDWAY AVENUE
MASCOTTE, FL 34753

FEI Number: 03-0000922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTZ, LAURA B
513 ALBROOK STREET
MASCOTTE, FL 34753 US

Name and Address of New Registered Agent:

GOTZ, LAURA B
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: LAURA GOTZ

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOTZ, LAURA B
Address: 513 AEBROOK STREET
City-St-Zip: MASCOTTE, FL 34753

Title: VPD () Delete
Name: NEUHAUSER, BOBBIE
Address: 4225 UNDERPASS ROAD
City-St-Zip: MASCOTTE, FL 34753

Title: SD () Delete
Name: DRAWDY, KAREN
Address: 18118 CHURCH STREET
City-St-Zip: GROVELAND, FL 34736

Title: TD () Delete
Name: TRUNDER, BETSY
Address: 863 SLOANS RIDGE ROAD
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOTZ, LAURA B
Address: 450 MIDWAY AVENUE
City-St-Zip: MASCOTTE, FL 34753

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETSY M. TRINDER

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date