2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #745437** 02-17-2006 90063 013 ****61.25 1. Entity Name P.T.O. OF SHERIDAN HILLS ELEMENTARY SCHOOL, Principal Place of Business Mailing Address . INC. , INC. 60017438 5001 THOMAS ST 5001 THOMAS ST HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Cha-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORSEY, VICENTA Street Address (P.O. Box Number is Not Acceptable) 2020 N. 47TH AVE. HOLLYWOOD, FL 33021 City Zip Code 8. 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. I am familiar with, and accept the obligations of egistered agent. Vicenta 1)05*SEY* DOTSEY Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change DORSEY, VICENTA NAME NAME 2020 N. 47T AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Detete TITLE * Addition celia VITERI, KIM NAME Hollywood, FL 5307 CLEVELAND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition GONZALES, MAY NAME NAME 1921-N-49TH-AVE STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP VPD Detete TILE ☐ Change Addition TITLE NAME MURRAY, TONYA NAME STREET ADDRESS 3891 N. 39TH AVE. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Addition Sec. TITLE ☐ Delete TITLE NAME MAME Pamela STREET ADDRESS STREET ADDRESS 4811 Thomas CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SWYEN CEUA

SIGNATURE:

FILED

Feb 17, 2006 8:00 am

445-6462