
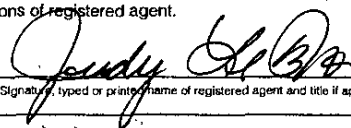
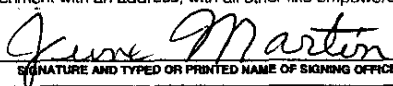


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90039 003 \*\*\*\*61.25

<b>DOCUMENT # 748849</b>					
1. Entity Name SEMINOLE MIDDLE SCHOOL PTO, INC.					
Principal Place of Business 8701 131 STREET NORTH SEMINOLE, FL 33776			Mailing Address 8701 131 STREET NORTH SEMINOLE, FL 33776		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEBOEUF, JUDY 8701 131ST STREET N SEMINOLE, FL 33776			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE <u>1-21-04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, CHERI 13564 TRADITIONS DR SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VICE PRESIDENT (VPD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MYRA BENZ 8235 127th LANE SEMINOLE, FL 33776		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, JUNE 8353 118TH ST N SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, ANN 12744 91ST AVE N SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VICE PRESIDENT (VPD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JODIE CLEMENTS 14351 84th TERRACE N. SEMINOLE, FL 33776		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZWISSLER, LORI 8495 134TH ST N SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3rd VICE PRESIDENT (VPD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEBBIE SAWA-SZOSTAK 13885 MEARES DR. LARGO, FL 33774		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ANNE 14224 MARK DRIVE LARGO, FL 33774 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (TD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS DOWEN 12760 RIDGE RD. LARGO, FL 33778		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERWIG, JOANNA 13648 RIDGELAND DR SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (SD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LIZ SHOTLAND 14223 YACHT CLUB BLVD. SEMINOLE, FL 33776		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 		DATE: <u>1/21/04</u>		Daytime Phone #	