

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90318 036 ****61.25

DOCUMENT # 748849 1. Entity Name SEMINOLE MIDDLE SCHOOL PTO, INC. <div style="text-align: center; margin-top: 10px;">A</div>					
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	03042005 Chg-NP CR2E037 (10/03) 4. FEI Number 23-7409812	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 3-8-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VPD		TITLE	President (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENZ, MYRA <input checked="" type="checkbox"/> Delete		NAME	JODIE CLEMENTS	
STREET ADDRESS	8235 127TH LANE		STREET ADDRESS	14351 84th Terr. N.	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	1st VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, JUNE		NAME	Jackie Papandrew	
STREET ADDRESS	8353 118TH ST N		STREET ADDRESS	1422 Bay Hills Dr.	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Largo, FL 33774	
TITLE	2VPD <input checked="" type="checkbox"/> Delete		TITLE	2VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLEMENTS, JODIE		NAME	Tom Downen	
STREET ADDRESS	14351 84TH TERR		STREET ADDRESS	12760 Ridge Rd.	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	Largo, FL 33778	
TITLE	3PD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAWA-SZOSTAK, DEBBIE		NAME	→ Same	
STREET ADDRESS	13885 MEARES DR		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	TD (Treasurer) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWNEN, THOMAS		NAME	Elaine Bales	
STREET ADDRESS	12760 RIDGE RD.		STREET ADDRESS	11700 85th Ave. N.	
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S (Secretary) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOTLAND, LIZ		NAME	Debi Harriott	
STREET ADDRESS	14223 YACHT CLUB BLVD.		STREET ADDRESS	8212 131st Way N.	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	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:			3/4/05 (727) 392-1829		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					