



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90013 025 ****61.25

DOCUMENT # 748849					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05072007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 23-7409812	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONAWAY, CAROL 9778 106TH AVE. N LARGO, FL 33773			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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					
TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	PAPANDREW, JACKIE	
STREET ADDRESS	14422 BAY HILLS DR				
CITY-ST-ZIP	LARGO, FL 33774				
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	NAME	BENZ, YVETTE	
STREET ADDRESS	8235 127TH LN N				
CITY-ST-ZIP	SEMINOLE, FL 33776				
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	NAME	MEYER, YVETTE	
STREET ADDRESS	12971 FARMINGTON TRAIL				
CITY-ST-ZIP	SEMINOLE, FL 33776				
TITLE	3PD	<input checked="" type="checkbox"/> Delete	NAME	SAWA-SZOSTAK, DERRIE	
STREET ADDRESS	13885 MEARES DR				
CITY-ST-ZIP	LARGO, FL 33774				
TITLE	TD	<input type="checkbox"/> Delete	NAME	RACK, GINA	
STREET ADDRESS	13331 92ND AVE. N				
CITY-ST-ZIP	SEMINOLE, FL 33776				
TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	HARRIOTT, DEBI	
STREET ADDRESS	8212-131ST WAY N				
CITY-ST-ZIP	SEMINOLE, FL 33776				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DEBORAH HARRIOTT	
STREET ADDRESS	9912 131st WAY NORTH				
CITY-ST-ZIP	SEMINOLE, FL 33774				
TITLE	1st VICE PRESIDENT (1VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SHERRI MAYA	
STREET ADDRESS	11896 106th AVE. NORTH				
CITY-ST-ZIP	SEMINOLE, FL 33778				
TITLE	2nd VICE PRESIDENT (2VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JULI BETTERMAN	
STREET ADDRESS	11000 64th AVE. N A103				
CITY-ST-ZIP	SEMINOLE, FL 33772				
TITLE	3rd VICE PRESIDENT (3VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LORI ZWISSER	
STREET ADDRESS	8495 134 STREET N.				
CITY-ST-ZIP	SEMINOLE, FL 33774				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SECRETARY (S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JIM ANDERSON	
STREET ADDRESS	9095 128th WAY				
CITY-ST-ZIP	SEMINOLE, FL 33776				
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					
SIGNATURE: <u>Deborah Harriott</u> <u>DEBORAH HARRIOTT, PRESIDENT</u> <u>5/11/2007</u> <u>(281) 587-0582</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					