


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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7409812	
				Applied For Not Applicable	
				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		
CONAWAY, CAROL 9778 106TH AVE. N LARGO, FL 33773			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPANDREW, JACKIE		NAME	DEBORAH HARRIOTT	
STREET ADDRESS	14422 BAY HILLS DR		STREET ADDRESS	9912 131 st WAY NORTH	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	SEMINOLE, FL 33774	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	1 st VICE PRESIDENT (1VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, YVETTE		NAME	SHERRI MAYA	
STREET ADDRESS	8235 127TH LN N		STREET ADDRESS	11896 106 th AVE. NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	SEMINOLE, FL 33778	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	2 nd VICE PRESIDENT (2VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, YVETTE		NAME	JULI BETTERMAN	
STREET ADDRESS	12971 FARMINGTON TRAIL		STREET ADDRESS	1100 6 th AVE. N #1103	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	3PD	<input checked="" type="checkbox"/> Delete	TITLE	3 rd VICE PRESIDENT (3VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWA-SZOSTAK, DERRIE		NAME	KORI ZWISSER	
STREET ADDRESS	13885 MEARES DR		STREET ADDRESS	8495 134 STREET N.	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	SEMINOLE, FL 33774	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACK, GINA		NAME		
STREET ADDRESS	13331 92ND AVE. N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIOTT, DEBI		NAME	JIM ANDERSON	
STREET ADDRESS	8212-131ST WAY N		STREET ADDRESS	9095 134 th WAY	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	SEMINOLE, FL 33774	
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>Dwain Hammett</u> <u>DEBORAH HARRIOTT, PRESIDENT</u> 5/11/2007 (281)587-0582					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					