2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # 750216** 1. Entity Name 04-23-2004 90239 011 ****61.25 BAYSHORE ELEMENTARY P T O, INC. Principal Place of Business Mailing Address 6120-26TH STREET WEST 6120-26TH STREET WEST **BRADENTON FL 34207-3310 BRADENTON FL 34207-3310** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0049905 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVENGOOD, THOMAS L. Street Address (P.O. Box Number is Not Acceptable) 6120 26 STREET WEST **BRADENTON FL 34207** 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 reg ed agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTOD TITLE Delete TITLE Change ☐ Addition VAN HOUTEN, JOHN NAME NAME 6120 26TH STREET W. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAMKE, JOLLIAN NAME NAME 6120 26TH STREET W. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Change TITLE Addition ☐ Delete PAGE,-LORI NAME NAME 6120 26TH STREET W. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP TITLE" ☐ Delete ☐ Change ☐ Addition BALLANO, MARCUS NAME 6120 26TH STREET W. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: John of Julia John VAN HOUTEN 4/18/04 941-524-011

changed, or on an attachment with an address, with all oth

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