

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2006 8:00 am**  
**Secretary of State**

09-13-2006 90002 046 \*\*\*\*61.25

**60038900**



08222006 Chg-NP CR2E037 (4/06)

4. FEI Number **65-0049905** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LEVENGOOD, THOMAS L.  
6120 26 STREET WEST  
BRADENTON, FL 34207

## 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 *Thomas Levengood* DATE *9/6/06*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PTOD                | <input checked="" type="checkbox"/> Delete |
| NAME           | VAN HOUTEN, JOHN    |  |
| STREET ADDRESS | 6120 26TH STREET W. |  |
| CITY-ST-ZIP    | BRADENTON, FL 34207 |  |
| TITLE          | VD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | LAMKE, JOLLIAN      |  |
| STREET ADDRESS | 6120 26TH STREET W. |  |
| CITY-ST-ZIP    | BRADENTON, FL 34207 |  |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | SPARKMAN, KELLY     |  |
| STREET ADDRESS | 6120 26TH STREET W. |  |
| CITY-ST-ZIP    | BRADENTON, FL 34207 |  |
| TITLE          | S                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BALLANO, MARCUS     |  |
| STREET ADDRESS | 6120 26TH STREET W. |  |
| CITY-ST-ZIP    | BRADENTON, FL 34207 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | President P           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Michelle Pazzie       |  |
| STREET ADDRESS | 6120 26th St W        |  |
| CITY-ST-ZIP    | Bradenton FL 34207    |  |
| TITLE          | Vice President F D    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jodi Ballano          |  |
| STREET ADDRESS | 6120 26th St W        |  |
| CITY-ST-ZIP    | Bradenton, FL - 34207 |  |
| TITLE          | Treasurer T           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Shannon Caton         |  |
| STREET ADDRESS | 6120 26th St W        |  |
| CITY-ST-ZIP    | Bradenton, FL 34207   |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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: *Michelle Pazzie* (Michelle Pazzie)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-4-06*

Date

*941-727-2441*

Daytime Phone #

ATTACHMENT  
60038900

# 750216

9-4-06

To whom it may concern,

This letter is to inform you of the reason this form and payment may be late in arriving to your headquarters. I am the current president of the PTO at Bayshore Elementary School. Our former Board members are no longer involved and the need to update our Annual Report went untouched in our PTO mailbox until the week of Sept. 4th. It has taken us time to take old Board members off our account and put ourselves on the account in order to pay bills and pay for the Annual Report. We apologize for this error.

Thank You,  
Michelle Pozzie  
PTO President  
(941) 727-2441 (home number)