2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 754538

Entity Name: SOUTHWEST DISTRICT PARENTS COUNCIL, INC.

Current Principal Place of Business:

1500 N. TUTTLE AVE.
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

PO BOX 51204
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-2439861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BIXLER, ALICE
3743 ABERDEEN DR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GEARY, DARYL L
Address: 2751 FOUNTAIN CIRCLE
City-St-Zip: SARASOTA, FL 34235

Title: S ( ) Delete
Name: YOW, BRENDA
Address: 7101 JARVIS ROAD
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete
Name: MCMILLEN, CARROL
Address: 5507 18TH AVE E
City-St-Zip: BRADENTON, FL 34208

Title: BK ( ) Delete
Name: ATYEO, DEBORAH
Address: 2043 N EUCLID AVE
City-St-Zip: SARASOTA, FL 34234

Title: V ( ) Delete
Name: THULL, STEVEN
Address: 3703 DOVER DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: T ( ) Delete
Name: MORIN, COLETTE
Address: 2221 CARPENTER
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GEARY, DARYL L
Address: 3755 ABERDEEN DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BIXLER, ALICE
Address: 3743 ABERDEEN DRIVE
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL GEARY P 04/13/2009

Electronic Signature of Signing Officer or Director — Date