

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 03, 2012**  
**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 ( )****Name and Address of Current Registered Agent:**VANDERGAAG, TROY  
3740 LEI DRIVE  
SARASOTA, FL 34232 US**Name and Address of New Registered Agent:**SHOPE, THOMAS  
3627 CRYSTAL LAKES COURT  
SARASOTA, FL 34235 US

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: THOMAS SHOPE

07/03/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHOPE, THOMAS  
Address: 1500 N.TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34237

Title: T  
Name: MAXWELL, ANNE  
Address: 1500 N. TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34237

Title: VP  
Name: SHOPE, LISA  
Address: 1500 N. TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34237

Title: S  
Name: MCLOUD, LINDA  
Address: 1500 N. TUTTLE AVE  
City-St-Zip: SARASOTA, FL 34237

I hereby 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 all other like empowered.

SIGNATURE: LISA SHOPE

VP

07/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date