

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769273

FILED
May 08, 2009
Secretary of State

Entity Name: SURFSIDE ELEMENTARY P.T.O., INC.

Current Principal Place of Business:

475 CASSIA BLVD
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

475 CASSIA BLVD
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2836512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HORDE, FLORENCE
550 GLENWOOD AVENUE
SATELLITE BEACH, FL 32937 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINGSLEY, JEANNE
Address: 496 ST. JOHNS DR.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP () Delete
Name: CARTER, STACY
Address: 556 VERBENIA COURT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T () Delete
Name: HORDE, FLORENCE
Address: 550 GLENWOOD AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: TAYLOR, AMANDA
Address: 185 CARISSA DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, STACY
Address: 556 VERBENIA COURT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP (X) Change () Addition
Name: KINGSLEY, JEANNE
Address: 496 ST. JOHNS DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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

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

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: FLORENCE HORDE

T

05/08/2009

Electronic Signature of Signing Officer or Director

Date