

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000062

FILED
Apr 15, 2005
Secretary of State

Entity Name: ST. JOHN GREEK ORTHODOX DAY SCHOOL PTSO, INC.

Current Principal Place of Business:

2418 SWANN AVENUE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2418 SWANN AVENUE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3629474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARKIN, JAMES
2418 SWANN AVENUE
TAMPA, FL 33609 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: PD () Delete
Name: CHITTENDENN, CARMEN
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: MAYOR, JOZANNE
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: ROVNIANIK, LEZLIE
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: TD () Delete
Name: PURDY, ASHLEY
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: CIRELLA, DENISE
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: SIMON, KRISTY
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RODRIGUEZ, ANGIE
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change () Addition
Name: ALONSO, MICHELLE
Address: 2418 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ASHLEY PURDY

TD

04/15/2005

Electronic Signature of Signing Officer or Director

Date