

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000062

FILED  
Mar 24, 2006  
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: RODRIGUEZ, ANGIE  
Address: 2418 SWANN AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: VD ( ) Delete  
Name: ALONSO, MICHELLE  
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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: ASHLEY D PURDY

TD

03/24/2006

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

\_\_\_\_\_  
Date