2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N00000006075

Entity Name: GRIFFIN ELEMENTARY PTA, INC.

Current Principal Place of Business:

5050 SW 116TH AVENUE
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

5050 SW 116TH AVENUE
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 59-1861787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESSLEY-HERRICH, KIMBERLY
5050 SW 116TH AVENUE
COOPER CITY, FL 33330 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: T ( ) Delete
Name: STOFSKY, ANGELA
Address: 5050 SW 116TH AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: P ( ) Delete
Name: PRESSLEY-HERRICK, KIMBERLY
Address: 5050 SW 116TH AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: V ( ) Delete
Name: ASBURRY, LISA
Address: 5050 SW 116TH AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: S ( ) Delete
Name: MILLER, TINA
Address: 4828 HIBBS GROVE WAY
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ANGELA STOFSKY T 04/19/2009

Electronic Signature of Signing Officer or Director — Date