2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N00000008299

Entity Name: DEERLAKE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

9902 DEERLAKE W
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

9902 DEERLAKE W
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3713358 **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:

SWANSON, LORI
2982 N. UMBERLAND DR.
TALLAHASSEE, FL 32309 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: PRES ( ) Delete
Name: SWANSON, LORI PRESIDE
Address: 2982 N. UMBERLAND
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete
Name: FACTOR, MICHELLE VICE PR
Address: 1246 PHEASANT RUN DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: 2 VP ( ) Delete
Name: WHIDDON, JENNIFER 2DN VP
Address: 11033 WILDLIFE TR
City-St-Zip: TALLAHASSEE, FL 32312

Title: TRSR ( ) Delete
Name: WASSON, DEANNA
Address: 2604 SADIE LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: SEC ( ) Delete
Name: MAY, KRISTIE
Address: 1487 FERZON WAY
City-St-Zip: TALLAHASSEE, FL 32312

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: TRSR (X) Change ( ) Addition
Name: WASSON, DEANNA L
Address: 2604 SADIE LANE
City-St-Zip: TALLAHASSEE, FL 32312

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: DEANNA L. WASSON TRSR 05/04/2009

Electronic Signature of Signing Officer or Director — Date