2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N00000008481

Entity Name: DIPLOMAT MIDDLE SCHOOL P.T.S.O. INC.

Current Principal Place of Business:

1039 NE 16TH TERRACE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1039 NE 16TH TERRACE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1071412 **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:

SULLIVAN, ROBIN
1911 SE 5TH TERR
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

VOGELBACH, MELODY
8415 AQUA COVE LN
NFMY, FL 33903 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: MELODY VOGELBACH 05/02/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SULLIVAN, ROBIN
Address: 1911 SE 5TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: PD ( ) Delete
Name: VOGELBACH, MELODY
Address: 8415 AQUA COVE LANE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD ( ) Delete
Name: OWEN, ELLEN
Address: 925 SE 20TH PL.
City-St-Zip: CAPE CORAL, FL 33990

Title: TD (X) Delete
Name: LITTLESTONE, ELISSA
Address: 1602 SW 6TH AVE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VOGELBACH, MELODY
Address: 8415 AQUA COVE LN
City-St-Zip: NFMY, FL 33903

Title: VP (X) Change ( ) Addition
Name: SULLIVAN, ROBIN
Address: 1911 SE 5TH TERR
City-St-Zip: CAPE CORAL, FL 33990

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: MELODY VOGELBACH PD 05/02/2007
Electronic Signature of Signing Officer or Director Date