

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 30, 2009**  
**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 ( )****Name and Address of Current Registered Agent:**VOGELBACH, MELODY  
8415 AQUA COVE LN  
NORTH FT. MYERS, FL 33903 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:** VOGELBACH, MELODY  
**Address:** 8415 AQUA COVE LN  
**City-St-Zip:** NFMY, FL 33903**Title:** VP ( ) Delete  
**Name:** HAMPTON, MICHELE  
**Address:** 218 SE 1ST AVE.  
**City-St-Zip:** CAPE CORAL, FL 33990**Title:** SD ( ) Delete  
**Name:** PHELAN, PATRICIA  
**Address:** 1431 SW 4TH CT.  
**City-St-Zip:** CAPE CORAL, FL 33991**Title:** TR ( ) Delete  
**Name:** JACKSON, LORI  
**Address:** 3906 HIDDEN ACRES CR.  
**City-St-Zip:** NORTH FT. MYERS, FL 33903**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** RICKELMAN, WENDY  
**Address:** 3237 DELILAH DRIVE  
**City-St-Zip:** CAPE CORAL, FL 33993**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TR (X) Change ( ) Addition  
**Name:** TROMBLEY, CINDI  
**Address:** 4520 RANDAG DRIVE  
**City-St-Zip:** NORTH FT. MYERS, FL 33903

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

07/30/2009

Electronic Signature of Signing Officer or Director

Date