2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001197

City-St-Zip:

BRADENTON, FL 34212

Entity Name: GENE WITT FLEMENTARY PTO INC.

FILED Feb 03, 2008 Secretary of State

Littly Nai	ile. GEINE WI	TT ELLIVILINTART FTO, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
200 RYE R BRADENT	RD E ON, FL 34202			200 RYE RD E BRADENTON, FL 34212			
Current Mailing Address:				New Mailing Address:			
200 RYE R BRADENT	RD E ON, FL 34202		200 RYE F BRADENT	RD E ON, FL 3421:	2		
FEI Number:	65-1081184	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status De	sired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Age	nt:	
RUSSELL, 200 RYE R BRADENT		US	200 RYE F	RUSSELL, MYRA 200 RYE RD E BRADENTON, FL 34212 US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	its registered o	office or registered age	∍nt, or both,	
SIGNATUR	RE:				02/03/2008		
	Electron	ic Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () RUSSELL, MYR 200 RYE RD E BRADENTON, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () BAILEY, JACQU 12219 ASTER A BRADENTON, F	VE.	Title: Name: Address: City-St-Zip:	P (X) Change () Addition PRICE, KATHY 415 169TH CT. N.E. BRADENTON, FL 34212			
Title: Name: Address: City-St-Zip:	T () LUND, JOSIE 18004 PRAIRIE PARRISH, FL 3		Title: Name: Address: City-St-Zip:	T (X) Change () Addition MCCRANE, DONNA 14730 1ST AVE E BRADENTON, FL 34212			
Title: Name: Address: City-St-Zip:	VP () PRICE, KATHY 415 169TH CT. I BRADENTON, F		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition STEELE, MICHELLE 4108 WOLF RIDGE XING PARRISH, FL 34219			
Title: Name: Address:	S () Delete COLEMAN, BARBARA 319 BLACKBIRD CT		Title: Name: Address:	VP (X) Change () Addition LORING, CHARLENE 411 169TH CT NE			

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.

City-St-Zip: BRADENTON, FL 34212

SIGNATURE: DONNA R MCCRANE T 02/03/2008