

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002176

FILED
Apr 13, 2009
Secretary of State

Entity Name: S.S. DIXON INTERMEDIATE SCHOOL PARENT, TEACHER, STUDENT ORGANIZATION, INC.

Current Principal Place of Business:

5440 EDUCATION DRIVE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

5440 EDUCATION DRIVE
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3733767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, CATHY
5461 STAFFORD CIR
PACE, FL 32571 US

Name and Address of New Registered Agent:

S.S. DIXON INTERMEDIATE PTSO
5440 EDUCATION DRIVE
PACE, FL 32571 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: S.S. DIXON INTERMEDIATE PTSO

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRY, CATHY
Address: 5461 STAFFORD CIR
City-St-Zip: PACE, FL 32571

Title: V () Delete
Name: CHANNELL, KIM
Address: 5469 MARANATHA WAY
City-St-Zip: PACE, FL 32571

Title: S () Delete
Name: SORRELLS, ELISSA
Address: 5193 ROWE TRAIL
City-St-Zip: PACE, FL 32571

Title: T (X) Delete
Name: HEPWORTH, KAREN
Address: 4418 DANDY DR
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAMBERT, LIDIA
Address: 5440 EDUCATION DRIVE
City-St-Zip: PACE, FL 32571

Title: V (X) Change () Addition
Name: BRUNO, LYNN
Address: 5440 EDUCATION DRIVE
City-St-Zip: PACE, FL 32571

Title: T (X) Change () Addition
Name: HEPWORTH, KAREN
Address: 5440 EDUCATION DRIVE
City-St-Zip: PACE, FL 32571

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: KAREN HEPWORTH

TREA

04/13/2009

Electronic Signature of Signing Officer or Director

Date