2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000003685					LILED				
1. Entity Name TRINITY ELEMENTARY SCHOOL PTO, INC.					05 NOV -9 PM 6: 35				
Principal Place of Business 2209 DUCK SLOUGH BLVD NEW PORT RICHEY, FL 34655		Mailing Address 2209 DUCK SLOUGH BLVD NEW PORT RICHEY, FL 34655			SECRETARY OF STATE FALLANASSEE, FLORIDA				
2. Principal Pl	ace of Business 3	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			REMIST	ATEME	34 ED 39 (6/O	1-05°	
City & State		City & State			4. FEI Number 59-3722191			Applied For Not Applicable	
Zip	Country	Country Zip		5. Certificate		atus Desired [\$8.75 Fee Req	Additional uired	
	6. Name and Address of Current Reg		7. Name and Address of New Registered Agent						
Name									
2209 DUC	ICK, KATHY K SLOUGH BLVD T'RICHEY, FL 34655		Street Address			(P.O. Box Number is Not Acceptable)			
				City FL Zip Code					
8. 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. I am familiar with, and accept									
the obligations of registered agent.									
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when refinstrating)									
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50						Florida	check payab Department o	of State	
10.	OFFICERS AND DIREC	TORS	11.		ADDITIONS/CHANG		ND DIRECTOR	S IN 10	
TITLE	DP	☐ Delete	TITLE	DP	Preside	1+ "	🔀 Chan	nge 🔲 Addition	
NAME	HEYSER, ROSEANNE		NAME	He	rring. Mic	zheji			
STREET ADDRESS CITY-ST-ZIP	1046 HAGEN DR NEW PORT RICHEY, FL 34655		STREET A	-ZP Ne	a o'Mear w fort Ri	a LT. Chey, FL	34655		
TITLE	DV	☐ Delete	TITLE	VQ	- VICE PECS		∑ Chan	nge Addition	
NAME	HERRING, MICHELL		NAME	Ha	yes, Kim			-	
STREET ADDRESS	1212 OMEARA CT		STREET A	ADDRESS 252	18 Winsla	eDr.			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-	-zr Ne	w PortRic	hey, FL	34655		
TITLE	DS	Delete	TITLE	GA	rgano y	inda_	🔀 Char	nge 🔲 Addition	
- NAME	MASTERS-DELANEY, SHERI	-	NAME	174	14 . rugal 5	alm Ct.			
STREET ADDRESS CITY-ST-ZIP	10707 NORTHRIDGE CT NEW PORT RICHEY, FL 34655		STREET A	, , ,	inity, FL	34677			
TITLE	DT Treasurer	☐ Delete	TITLE				☐ Chan	nge	
- NAME	LESTISHOCK, KATHY	- Delete	NAME		1707070	രണ്ടെ			
STREET ADDRESS	2123 BLUE BEECH CT		STREET A	ADORESS	10/24/0S	0 6029 010560	117 ** 27	1 26 25	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-	- ZIP			* # 1 **********	JO. C.J	
TITLE	DV Vice President	Delete	TITLE				☐ Chan	nge 🔲 Addition	
NAME STREET ADDRESS	WALSH, GINA 7724 E GLANTINE LN		NAME STREET A	4DODEOU					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	•	CITY-ST-						
TITLE	1. 43 (1.2. 2. pp. 1.254) 1. 12. 2	☐ Delete	TITLE		 .	<u></u>	☐ Char	nge Addition	
NAME	化氯酸钠 经基本公司 医克克氏		NAME						
STREET ADDRESS			STREET A						
CITY-ST-ZIP		en	CITY-ST-						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
, mangeu.	V. 11 1.	- 1 - ,			. 1.2				
SIGNATURE: Next LLin Country of BOAMING OFFICER ON DIRECTOR 10/18/05 727.375.2234 District Name of BOAMING OFFICER ON DIRECTOR DIRECTOR									