

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 01, 2012
Secretary of State

DOCUMENT# N01000003685

Entity Name: TRINITY ELEMENTARY SCHOOL PTO, INC.**Current Principal Place of Business:**2209 DUCK SLOUGH BLVD
NEW PORT RICHEY, FL 34655**New Principal Place of Business:****Current Mailing Address:**2209 DUCK SLOUGH BLVD
NEW PORT RICHEY, FL 34655**New Mailing Address:****FEI Number:** 59-3722191**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FARGO, JANET
2342 EDELWEISS LOOP
TRINITY, FL 34655 US**Name and Address of New Registered Agent:**MINOTAKIS, JULIE
1717 REGAL MIST LOOP
TRINITY, FL 34655 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: JULIE MINOTAKIS

08/01/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PRES
Name: FARGO, JANET
Address: 2342 EDELWEISS LOOP
City-St-Zip: TRINITY, FL 34655

Title: VPSE
Name: MILLER, JENN
Address: 10453 PEPPERGRASS CT
City-St-Zip: TRINITY, FL 34655

Title: VPBP
Name: ZIMMERMAN, LAUREN
Address: 10710 FIREBRICK CT
City-St-Zip: TRINITY, FL 34655

Title: VPVO
Name: MAXTON, TONI
Address: 7124 CONGRESS STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TREA
Name: MINOTAKIS, JULIE
Address: 1717 REGAL MIST LOOP
City-St-Zip: TRINITY, FL 34655

Title: SEC
Name: HILL, JODY
Address: 2026 HAMMOCK PARK CT
City-St-Zip: TRINITY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: JANET M. FARGO

PRES

08/01/2012

Electronic Signature of Signing Officer or Director_____
Date