

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000655

FILED
Mar 03, 2008
Secretary of State

Entity Name: WOODLANDS ELEMENTARY PARENT TEACHER ASSOCIATION, INC.

Current Principal Place of Business:

1420 E.E. WILLIAMSON ROAD
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1420 E.E. WILLIAMSON ROAD
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 51-0176364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIGHAM, FRANK C
200 W. FIRST STREET
SANFORD, FL 32771 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: TS () Delete
Name: WARD, CARMEN
Address: 507 ESTATES PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: SLAVKIN, RACHEL
Address: 684 RIVERCREST LANE
City-St-Zip: LONGWOOD, FL 32779

Title: 2VP () Delete
Name: SHILSON, KELLY
Address: 224 SLADE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: RS () Delete
Name: MCGAVOCK, JEANINE
Address: 1314 N. RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: CS () Delete
Name: PERCOPO, VICTORIA
Address: 426 PALM CREST LANE
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: GEESAMAN, CARROLL
Address: 1578 GRACE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARD, CARMEN
Address: 507 ESTATES PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: VP2 (X) Change () Addition
Name: SLAVKIN, RACHEL
Address: 684 RIVERCREST LANE
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change () Addition
Name: SHILSON, KELLY
Address: 224 SLADE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: DRASKOVICH, BRENDA
Address: 112 STONEY RIDGE
City-St-Zip: LONGWOOD, FL 32750

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: BRENDA DRASKOVICH

TS

03/03/2008

Electronic Signature of Signing Officer or Director

Date