

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000655

FILED
Jan 05, 2011
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:

SHILSON, KELLY
224 SLADE DRIVE
LONGWOOD, FL 32750 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: P
Name: SHILSON, KELLY
Address: 224 SLADE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: VP2
Name: WILSON, CHRIS
Address: 876 CEDAR RUN
City-St-Zip: LONGWOOD, FL 32750

Title: VP
Name: WAUGH, JANICE
Address: 333 WOODSTEAD LANE
City-St-Zip: LONGWOOD, FL 32779

Title: RS
Name: MOORE, AMY
Address: 1298 EASTLAND PT
City-St-Zip: LONGWOOD, FL 32750

Title: CS
Name: SLAVKIN, RACHEL
Address: 684 RIVERCREST LANE
City-St-Zip: LONGWOOD, FL 32779

Title: TS
Name: CLARK, ANN
Address: 150 EDINBURG CT
City-St-Zip: LAKE MARY, FL 32746

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: KELLY SHILSON

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date