

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002787

FILED
Apr 17, 2008
Secretary of State

Entity Name: TROPICAL PARENT TEACHER ORGANIZATION INCORPORATED

Current Principal Place of Business:

885 S COURTNEY PKWY
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

885 S COURTNEY PKWY
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 41-2046773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGGE, DEBBIE
885 S COURTNEY PKWY
MERRITT ISLAND, FL 32952 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 () Delete
Name: WINSTON, KELLY
Address: 3040 SOUTHERN OAKS DRIVE
City-St-Zip: MERRITT ISL, FL 32952

Title: VP () Delete
Name: PRICE, MARIE
Address: 1262 CURRY DELL LANE
City-St-Zip: MERRITT ISL, FL 32952

Title: S () Delete
Name: THOMAS, TRICIA
Address: 2330 COCONUT LANE
City-St-Zip: MERRITT ISL, FL 32952

Title: T () Delete
Name: CANADA, TRACEY
Address: 539 HIDDEN HOLLOW DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TE () Delete
Name: SIMS, LESLIE
Address: 170 ALAMEDA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: WINSTON, KELLY
Address: 3040 SOUTHERN OAKS DRIVE
City-St-Zip: MERRITT ISL, FL 32952

Title: P (X) Change () Addition
Name: PRICE, MARIE
Address: 1262 CURRY DELL LANE
City-St-Zip: MERRITT ISL, FL 32952

Title: VP (X) Change () Addition
Name: NESBITT, ANA
Address: 540 HERON DR.
City-St-Zip: MERRITT ISL, FL 32952

Title: TE (X) Change () Addition
Name: CANADA, TRACEY
Address: 539 HIDDEN HOLLOW DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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: TRACEY CANADA

TE

04/17/2008

Electronic Signature of Signing Officer or Director

Date