

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002787

FILED
Apr 12, 2010
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: VP
Name: HUFF, BEVERLY
Address: 617 MILLWHEEL DRIVE
City-St-Zip: MERRITT ISL, FL 32952

Title: VP
Name: GOODSON, ERIN
Address: 1145 TUCKAWAY DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: P
Name: THOMAS, TRICIA
Address: 2330 COCONUT LANE
City-St-Zip: MERRITT ISL, FL 32952

Title: T
Name: SIMS, LESLIE
Address: 170 ALAMEDA DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TE
Name: ROBINSON, JENNIFER
Address: 854 WOODBINE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S
Name: CAMACHO, LISSETTE
Address: 2330 PINEAPPLE PLACE
City-St-Zip: MERRITT ISLAND, FL 32952

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: LESLIE SIMS

T

04/12/2010

Electronic Signature of Signing Officer or Director

Date