

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90002 033 ****61.25

DOCUMENT # N02000003594 1. Entity Name ASTORIA PARK ELEM. SCHOOL PTO, INC.					
Principal Place of Business 2465 ATLAS RD. TALLAHASSEE, FL 32303			Mailing Address 2465 ATLAS RD. TALLAHASSEE, FL 32303		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0661443	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'DONNELL, ROBIN 2465 ATLAS RD. TALLAHASSEE, FL 32303				Name <u>Dixon, Yolanda</u> Street Address (P.O. Box Number is Not Acceptable) <u>2465 Atlas Road</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32303</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Yolanda Dixon President</u> <u>7.7.06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, ROBIN		NAME	Dixon, Yolanda	
STREET ADDRESS	2465 ATLAS RD.		STREET ADDRESS	2465 Atlas Road	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATHER, MICHELLE		NAME	Beliard, Camille	
STREET ADDRESS	2465 ATLAS RD.		STREET ADDRESS	2465 Atlas Road	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, YOLANDA		NAME		
STREET ADDRESS	2465 ATLAS RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELLARD, CAMILLE		NAME		
STREET ADDRESS	2465 ATLAS RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete	TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRIC, MELISSA		NAME	O'Donnell, Robin	
STREET ADDRESS	3123 JOREE LANE		STREET ADDRESS	1276 Newfield Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUIE, LORETTA		NAME		
STREET ADDRESS	1942 ROB WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robin O'Donnell</u> <u>7.7.06</u> <u>850.562.2036</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					