2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N02000003594

Entity Name: ASTORIA PARK ELEM. SCHOOL PTO, INC.

Current Principal Place of Business:

2465 ATLAS RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2465 ATLAS RD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 01-0661443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERENTSEN, REBECCA
2465 ATLAS RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ZODY, JANE M
2465 ATLAS RD.
TALLAHASSEE, FL 32303 US

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: JANE M. ZODY 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: CHURCH-HILLMAN, CHRISTINA
Address: 2465 ATLAS RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete
Name: DAUGHTRY, ROBYN
Address: 2465 ATLAS RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: ZODY, JANE
Address: 2465 ATLAS RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: BERENTSEN, REBECCA
Address: 2465 ATLAS RD.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHURCH-HILLMAN, CHRISTINA
Address: 2465 ATLAS RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Change ( ) Addition
Name: MCCARTHY, SUSAN
Address: 2465 ATLAS RD.
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: VP (X) Change ( ) Addition
Name: ALLEN, GLENDA
Address: 2465 ATLAS RD.
City-St-Zip: TALLAHASSEE, FL 32303

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: JANE M. ZODY T 05/01/2009
Electronic Signature of Signing Officer or Director Date