

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005925

FILED
Apr 26, 2007
Secretary of State

Entity Name: SEABREEZE ELEMENTARY P.T.O., INC.

Current Principal Place of Business:

1400 SEABREEZE AVENUE
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

1400 SEABREEZE AVENUE
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 55-0788578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, MARGARET
1400 SEABREEZE AVE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

TILKA, BARBARA
1400 SEABREEZE AVE
JACKSONVILLE BEACH, FL 32250 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: BARBARA TILKA

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: TILKA, BARBARA
Address: 3584 TRIDENT CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: CLARKE, MARGARET
Address: 1077 SEABREEZE AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: HOLLINGSWORTH, VICKY
Address: 2525 ST. JOHNS BLVD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: BOYD, MELISSA
Address: 1372 N PLANTATION OAKS DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BARBARA TILKA

VD

04/26/2007

Electronic Signature of Signing Officer or Director

Date