

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006697

FILED
Jan 17, 2009
Secretary of State

Entity Name: LAKEVIEW ELEMENTARY PTO INC.

Current Principal Place of Business:

2900 5TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

2900 5TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 01-0747585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKEVIEW PARENT TEACHER ORGANIZATION
2900 5TH ST.
SAINT CLOUD, FL 34769 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: D () Delete
Name: ZIEMER, LANELLE
Address: 2900 5TH ST
City-St-Zip: SAINT CLOUD, FL 34769

Title: T () Delete
Name: HARRIS, HEATHER
Address: 2900 5TH STREET
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MACPHERSON, KATHY
Address: 2900 5TH ST
City-St-Zip: SAINT CLOUD, FL 34769

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: KATHY MACPHERSON

D

01/17/2009

Electronic Signature of Signing Officer or Director

Date