

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006697

**FILED**  
**Apr 14, 2010**  
**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  
**Name:** MACPHERSON, KATHY  
**Address:** 2900 5TH ST  
**City-St-Zip:** SAINT CLOUD, FL 34769

**Title:** TREA  
**Name:** HARRIS, HEATHER  
**Address:** 2900 5TH STREET  
**City-St-Zip:** SAINT CLOUD, FL 34769

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:** HEATHER M HARRIS

TREA

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date