2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009186

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Address:

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BATHMAN, CAROLYN

BOCA RATON, FL 33487

4499 NW BOCA RATON RD

BOCA RATON, FL 33431

776 FORSYTH ST

AYOTTE, HANK

FILED Aug 20, 2006 Secretary of State

Entity Name: FLORIDA ATLANTIC UNIVERSITY SCHOOLS PTO, INC.

Current Principal Place of Business: New Principal Place of Business: C/O ALEXANDER D. HENDERSON UNIV. SCHOOL 777 GLADES ROAD BOCA RATON, FL 33431 **New Mailing Address: Current Mailing Address:** C/O ALEXANDER D. HENDERSON UNIV. SCHOOL 777 GLADES ROAD BOCA RATON, FL 33431 FEI Number: 05-0535572 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: Name and Address of New Registered Agent: ALFANO, JERRY C/O ALEXANDER D. HENDERSON UNIVERSITY SCHO UNIVERSITY SCHEER BOCA RATON, FL 33431 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WAGNER, KRISTA BUSEY, SCOTT Name: Name: 699 SW 3RD ST Address: 7382 NW 45TH AVE. Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: COCONUT CREEK, FL 33073 Title: PD () Delete Title: (X) Change () Addition ALFANO, JERRY Name: WILLIAMS, LYNNETTE Name: Address: 3049 NW 28TH AVE Address: 2705 CARAMBOLA CIRCLE N City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: COCONUT CREEK, FL 33066 Title: () Delete Title: (X) Change () Addition KIAN, CHRISTY COLTMAN, HEATHER Name: Name: Address: 11440 SEA GRASS CIR Address: 1700 SW 13TH ST City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

VST

CUNNINGHAM, JANICE

22595 SW 6TH STREET

BOCA RATON, FL 33433

(X) Change () Addition

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SIGNATURE: SCOTT BUSEY PD 08/20/2006