

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000461

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: NEASE HIGH SCHOOL PTSO, INC.

## Current Principal Place of Business:

10550 RAY RD.  
ST. AUGUSTINE, FL 32095

## New Principal Place of Business:

## Current Mailing Address:

10550 RAY RD.  
ST. AUGUSTINE, FL 32095

## New Mailing Address:

FEI Number: 81-0599827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWELL, FAYE  
10550 RAY RD.  
ST. AUGUSTINE, FL 32095 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: PD ( ) Delete  
Name: HAM, JUDY  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: PD ( ) Delete  
Name: TORRANCE, DEBBIE  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: MICHAELS, SHERRIE  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: TD ( ) Delete  
Name: SELVAGN, DEBBIE  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: SD ( ) Delete  
Name: JOHNSON, LESLIE  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: SD ( ) Delete  
Name: VELLA, NANCY  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TORRANCE, DEBBIE  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VPD (X) Change ( ) Addition  
Name: FROSTENSON, CONNIE  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D (X) Change ( ) Addition  
Name: HAM, JUDY  
Address: 10550 RAY RD.  
City-St-Zip: ST. AUGUSTINE, FL 32095

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 for the exemption stated in Section 119.07(3)(i), 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: DEBBIE SELVAGN

TD

01/14/2005

Electronic Signature of Signing Officer or Director

Date