

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005041

FILED
Jan 12, 2004
Secretary of State

Entity Name: AVALON ELEMENTARY PTO, INC.

Current Principal Place of Business:

13500 TANJA KING BLVD
ORLANDO,, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

13500 TANJA KING BLVD
ORLANDO,, FL 32828 US

New Mailing Address:

FEI Number: 11-3683748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHURR, LISA A
203 MALTA ROAD
ORLANDO, FL 32828 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: P () Delete
Name: NEEDHAM, LINDA
Address: 13120 ROYAL FERN DRIVE
City-St-Zip: ORLANDO, FL 32828 US

Title: VP () Delete
Name: ALVARADO, PEGGY
Address: 14910 HAWKSMOOR RUN CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

Title: VP () Delete
Name: ZIELKE, SARAH
Address: 14252 LOVERS KEY LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: T () Delete
Name: SCHURR, LISA A
Address: 203 MALTA ROAD
City-St-Zip: ORLANDO, FL 32828 US

Title: S () Delete
Name: HAYES, DEBORAH
Address: 1027 BUIST STREET
City-St-Zip: ORLANDO, FL 32828 US

Title: S () Delete
Name: COOK, BONNIE J
Address: 13111 LAKE LIVE OAK DRIVE
City-St-Zip: ORLANDO, FL 32828 US

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: LISA SCHURR

T

01/12/2004

Electronic Signature of Signing Officer or Director

Date