

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006433

1. Entity Name
L.A.E. PTO, INC.



Principal Place of Business
LEALMAN AVE ELEM. SCHOOL
4001 58 AVENUE NORTH
ST PETERSBURG, FL 33714

Mailing Address
LEALMAN AVE ELEM. SCHOOL
4001 58 AVENUE NORTH
ST PETERSBURG, FL 33714



04102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1985730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTEN, ALZENA
LEALMAN AVE ELEM. SCHOOL
4001 58 AVENUE NORTH
ST PETERSBURG, FL 33714

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PATTEN, ALZENA
STREET ADDRESS 4270 72 AVE NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE S
NAME EVANS, KIMBERLY
STREET ADDRESS 526-12 AVE S
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000506761
04/27/06-80036-004 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

Alzena E. Patten PTO-President 4/10/06 727-570-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #