

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007458

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: MCKEEL ELEMENTARY ACADEMY PTO, INC.

**Current Principal Place of Business:**

411 N. FLORIDA AVE.  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

411 N. FLORIDA AVE.  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 20-0202172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIERS, STEVE  
411 N. FLORIDA AVE.  
LAKELAND, FL 33801 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: ROSENAU, GINGER  
Address: 5540 BLACK HAWK LN  
City-St-Zip: LAKELAND, FL 33810 US

Title: V ( ) Delete  
Name: BATMAN, TIM  
Address: 539 POWDER HORN ROW  
City-St-Zip: LAKELAND, FL 33809 US

Title: S ( ) Delete  
Name: LONG, ASHLEY  
Address: 8414 GREYSTONE DRIVE  
City-St-Zip: LAKELAND, FL 33810 US

Title: T ( ) Delete  
Name: GREEN, JULIE  
Address: 4830 KNIGHTS STATION RD  
City-St-Zip: LAKELAND, FL 33810 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  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: JULIE GREEN

T

01/21/2009

Electronic Signature of Signing Officer or Director

Date