

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007506

FILED
May 29, 2009
Secretary of State

Entity Name: QUAIL HOLLOW ELEMENTARY SCHOOL PTO INC.

Current Principal Place of Business:

7050 QUAIL HOLLOW BOULEVARD
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

7050 QUAIL HOLLOW BOULEVARD
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-0619317 **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:

POWERS, MARGARET
8000 SHENANDOAH RUN
WESLEY CHAPEL, FL 33544 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: VD () Delete
Name: BROOKS, SCOTT
Address: 6545 COUNTRY CLUB RD
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VD1 () Delete
Name: HOFF, TISH
Address: 6933 ORVICTI CT
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: SD () Delete
Name: HOOK, SHELBY
Address: 27221 ELKWOOD CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD () Delete
Name: POWERS, MARGARET
Address: 8000 SHENANDOAH RUN
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VD2 () Delete
Name: GLIME, BECKY
Address: 6630 COUNTRY CLUB RD
City-St-Zip: WESLEY CHAPEL, FL 33544

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:

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: MARGARET POWERS

TD

05/29/2009

Electronic Signature of Signing Officer or Director

Date