

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008971

FILED  
Jul 19, 2007  
Secretary of State

Entity Name: PASSPORT SCHOOL PTO, INC.

## Current Principal Place of Business:

5221 CURRY FORD ROAD  
ORLANDO, FL 32812

## New Principal Place of Business:

## Current Mailing Address:

5221 CURRY FORD ROAD  
ORLANDO, FL 32812

## New Mailing Address:

FEI Number: 80-0074974      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:

GARCIA, OSVALDO  
5221 CURRY FORD ROAD  
ORLANDO, FL 32812      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: ASHLOCK, KRISTINA  
Address: 5221 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: VD      ( ) Delete  
Name: SOSTRE, JOSE  
Address: 5221 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: TD      ( ) Delete  
Name: DAVIDSON, AUDREY  
Address: 5221 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: FOLEY, BETH  
Address: 5221 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title: VD      (X) Change ( ) Addition  
Name: BROWN, JULIE  
Address: 5221 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      ( ) Change (X) Addition  
Name: KOZY, CHELLE  
Address: 5221 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32812

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: AUDREY DAVIDSON

TD

07/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date