

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 01, 2005
Secretary of State**

DOCUMENT# N03000010617

Entity Name: HERON CREEK MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

6501 W PRICE BLVD
N PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

6501 W PRICE BLVD
N PORT, FL 34286

New Mailing Address:

FEI Number: 38-3694133 **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:

MELLOR, CORD C
13801 TAMIAMI TR
N PORT, FL 34287 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: WAGGONER, CLAUDIA
Address: 1990 LOGSDON ST.
City-St-Zip: NORTH PORT, FL 34287

Title: AVP () Delete
Name: WHITE, DENESE
Address: 3270 MARCH LANE
City-St-Zip: NORTH PORT, FL 34286

Title: T () Delete
Name: MCDOWELL, DEBORAH
Address: 4101 GROBE STREET
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Delete
Name: STEGER, MIMI
Address: 3572 INAGUA AVE.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITE, DENESE
Address: 3270 MORCH LANE
City-St-Zip: NORTH PORT, FL 34286

Title: V (X) Change () Addition
Name: MCDOWELL, DEBORAH
Address: 1331 RONALD ST.
City-St-Zip: NORTH PORT, FL 34286

Title: S (X) Change () Addition
Name: STEGER, MIMI
Address: 3572 INAGUA AVE.
City-St-Zip: NORTH PORT, FL 34286

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: MIMI STEGER

Electronic Signature of Signing Officer or Director

S

06/01/2005

Date