

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90247 048 ****61.25

DOCUMENT # N04000000329 1. Entity Name FRUITVILLE ELEMENTARY SCHOOL PTO, INC.					
Principal Place of Business 601 HONORE AVE SARASOTA, FL 34232			Mailing Address 601 HONORE AVE SARASOTA, FL 34232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262006 Chg-NP CR2E037 (11/05)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, CRYSTAL J S 601 HONORE AVENUE SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, CYNTHIA C		NAME		
STREET ADDRESS	2226 MYAKKA RD.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN PRAAG, KATHY		NAME	P/D	
STREET ADDRESS	601 HONORE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, CRYSTAL J		NAME		
STREET ADDRESS	601 HONORE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOAN, CYNTHA S		NAME		
STREET ADDRESS	601 HONORE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Marla Wagler	
STREET ADDRESS			STREET ADDRESS	1325 Wagon Wheel Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VP/D Anne Shea	
STREET ADDRESS			STREET ADDRESS	601 Honore Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34232	
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 like empowered.					
SIGNATURE: <i>Kathy Van Praag</i>			<i>04/26/06</i> <i>941-724-3108</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					