2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007
Secretary of State

DOCUMENT# N04000001538

Entity Name: ELIZABETH COBB MIDDLE SCHOOL PTO, INC.

Current Principal Place of Business:

915 HILLCREST AVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

915 HILLCREST AVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 33-1082148 **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:

ROGERS, LAURA
915 HILLCREST AVE
TALLAHASSEE, FL 32308 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: VP ( ) Delete
Name: ROGERS, LAURA
Address: 915 HILLCREST AVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete
Name: CRUM, KIM
Address: 915 HILLCREST AVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P ( ) Delete
Name: WILLIAMS, HARRIET
Address: 915 HILLCREST AVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROGERS, LAURA
Address: 915 HILLCREST AVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T (X) Change ( ) Addition
Name: ELLIOTT, BEVERLYN L
Address: 915 HILLCREST AVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, HARRIET
Address: 915 HILLCREST AVE
City-St-Zip: TALLAHASSEE, FL 32308

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: BEVERLYN L ELLIOTT T 08/29/2007

Electronic Signature of Signing Officer or Director — Date