2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002014

City-St-Zip:

AUBURNDALE, FL 33823

Entity Name: BERKLEY CHARTER PTO IN

FILED Apr 21, 2005 Secretary of State

Entity Nar	ne: BERKLE	CHARTER PTO, INC.					
Current P	rincipal Place	of Business:	New Principal Place of Business:				
5240 BERI AUBURNE	KLEY RD DALE, FL 3382	23					
Current M	ailing Addres	s:	New Mailing Address:				
5240 BERN AUBURNE	KLEY RD DALE, FL 3382	23					
FEI Number:	20-0351240	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired	d()	
Name and	Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:		
STEELE, N 5240 BERN AUBURNE		23 US					
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Age	nt Date				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () SANSONE, ELE 170 BERGEN C AUBURNDALE,	CIR	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () JOHNSON, DOI 2046 MARKER POLK CITY, FL	RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () OPPENHEIMER 611 BERKLEY AUBURNDALE,	POINTE PL	Title: Name: Address: City-St-Zip:	D (X TOWNSEND, 502 HAVENDA AUBURNDALE	ALE BLVD.		
Title: Name: Address: City-St-Zip:	D () THOMPSON, B 667 OLD BERK AUBURNDALE,	LEY RD	Title: Name: Address: City-St-Zip:	D (X ROWE, PEGG 530 HILLSIDE AUBURNDALE	DR.		
Title: Name: Address:	BORLAND, RAI	Delete NDALL JANA RESERVE DR	Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: REBECCA TOWNSEND T 04/21/2005