

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003273

FILED
Nov 09, 2009
Secretary of State

Entity Name: CHAIRES ELEMENTARY SCHOOL PANTHER PTO, INC.

Current Principal Place of Business:

4774 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

4774 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-0946823 **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:

CHAPMAN, LEIGH ANNE
4774 CHAIRES CROSS RD.
TALLAHASSEE, FL 32317 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: LEIGH ANNE CHAPMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUNAUSUA, KATHY
Address: 4774 CHAIRES CROSS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: FOUNTAIN, TAMARA
Address: 4774 CHAIRES CROSS RD.
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: T () Delete
Name: GUIMARAES, MARGARET
Address: 4774 CHAIRES CROSS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: V (X) Delete
Name: SANDER, JULIE
Address: 4774 CHAIRES CROSS RD.
City-St-Zip: TALLAHASSEE, FL 32317

Title: M (X) Delete
Name: JANICKI, TRACY
Address: 4774 CHAIRES CROSS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: NEELY, SELENE
Address: 4774 CHAIRES CROSS RD.
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: T (X) Change () Addition
Name: HUGGINS, SALLY
Address: 4774 CHAIRES CROSS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

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

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

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: SALLY HUGGINS

TRSR

11/09/2009

Electronic Signature of Signing Officer or Director

Date