2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004568

Apr 29, 2009 Secretary of State

Entity Name: SEALEY ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2815 ALLEN RD 2815 ALLEN RD

TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 US

Current Mailing Address: New Mailing Address:

2815 ALLEN RD 2815 ALLEN RD

TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 US

FEI Number: 26-0088903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLEMONS, DEMETRIA 2815 ALLEN RD TALLAHASSEE, FL 32312 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

DP () Delete

MCLEOD, KIZ KEYES, BECKY Name: Name: 1981 COLLINS LANDING RD Address: 177 IVERNIA LOOP Address:

City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Delete Title: (X) Change () Addition WHITE, PAMELA Name: LYGHT, DORINDA Name:

Address: DEPT. OF FINANCIAL SRVES 200 E GAINES ST Address: 4500 ELTHAM PARK

City-St-Zip: TALLAHASSEE, FL 323990321 City-St-Zip: TALLAHASSEE, FL 32303 US

Title: DVP () Delete Title: DS (X) Change () Addition WILLIS, SANDY HAMILTON, LORI Name: Name:

Address: 3125 ORTEGA DR. Address: 1139 CAMELIA DR City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32301 US

Title: DT () Delete Title: DT (X) Change () Addition

Name: WAGELS, SCOTT Name: WAGERS, SCOTT Address: 864 DERBYSHIRE RD Address: 864 DERBYSHIRE RD

City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 323121829 US

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: SCOTT WAGERS DT 04/29/2009