

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90045 006 ****61.25

DOCUMENT # N04000008383

1. Entity Name
TREADWAY ELEMENTARY SCHOOL PTA INC.



Principal Place of Business
**10619 TREADWAY SCHOOL RD
LEESBURG, FL 34788 US**

Mailing Address
**10619 TREADWAY SCHOOL RD
LEESBURG, FL 34788 US**

50057845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3446967

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TROXELL, ROBIN
10619 TREADWAY SCHOOL RD
LEESBURG, FL 34788**

7. Name and Address of New Registered Agent

Name **Davis Gina**
Street Address (P.O./Box Number is Not Acceptable)
10619 Treadway School Rd.
City **Leesburg** FL Zip Code **34788**

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 **Mina D. Davis Treasurer**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/2005
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEELE, KERRIE	
STREET ADDRESS	10619 TREADWAY SCHOOL RD	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TROXELL, ROBIN	
STREET ADDRESS	10619 TREADWAY SCHOOL RD.	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DIANNA	
STREET ADDRESS	10619 TREADWAY SCHOOL RD	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	BURG, LYNN	
STREET ADDRESS	10619 TREADWAY SCHOOL RD	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schienfeld, Ida	
STREET ADDRESS	10619 Treadway School Rd.	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reid Cathi	
STREET ADDRESS	10619 Treadway School Rd.	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones Barbara	
STREET ADDRESS	10619 Treadway School Rd.	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	TREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis Gina	
STREET ADDRESS	10619 Treadway School Rd.	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith Jennifer	
STREET ADDRESS	10619 Treadway School Rd.	
CITY-ST-ZIP	Leesburg, FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Mina D. Davis Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2005 (352) 636-8547
Date Daytime Phone #