

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008383

FILED
Apr 30, 2007
Secretary of State

Entity Name: TREADWAY ELEMENTARY SCHOOL PTA INC.

Current Principal Place of Business:

10619 TREADWAY SCHOOL RD
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

10619 TREADWAY SCHOOL RD
LEESBURG, FL 34788 US

New Mailing Address:

FEI Number: 59-3446967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, GINA
10619 TREADWAY SCHOOL RD
LEESBURG,, FL 34788 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: P () Delete
Name: SCHEINFELD, IDA
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788 US

Title: VP () Delete
Name: REID, CATHY
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788 US

Title: TRES () Delete
Name: DAVIS, GINA D
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788 US

Title: S () Delete
Name: BAIRD-ORDWAY, AUTUMN
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ANDERSEN, KRISTI
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788 US

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: GINA D. DAVIS

TRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date