

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010257

FILED
Jul 09, 2009
Secretary of State

Entity Name: CECIL E. GRAY MIDDLE SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

205 E. MAGNOLIA STREET
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

205 E. MAGNOLIA STREET
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 65-1295269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WALKER, SUSAN
3120 EDEN LANE
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

ARISTY, MASSIEL
11940 KATHLEEN COURT
CLERMONT, FL 34711 US

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: MASSIEL ARISTY

07/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEZERGA, LAURIE
Address: 9518 WATER ORCHID AVE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: BAYNARD, JOYNCE
Address: 205 E MAGNOLIA
City-St-Zip: MONTVERDE, FL 34756

Title: T () Delete
Name: WALKER, SUSAN
Address: 3120 EDEN LANE
City-St-Zip: GROVELAND, FL 34736

Title: T () Delete
Name: REID, LORRIE
Address: 12530 SAN JUAN RD
City-St-Zip: GROVELAND, FL 34736

Title: VP (X) Delete
Name: HOEL, LINDA
Address: 9841 SPRING LK DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARISTY, MASSIEL
Address: 11940 KATHLEEN COURT
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: THOMPSON, PATRICIA
Address: 7600 SWISS FAIRWAY AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change () Addition
Name: MASON, VANESSA
Address: 10406 REAGANS RUN DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: MASSEY, BEVERLY
Address: 2603 STEPHENS ROAD
City-St-Zip: GROVELAND, FL 34736

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: MASSIEL ARISTY

PRES

07/09/2009

Electronic Signature of Signing Officer or Director

Date