## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007861

FILED Jun 27, 2008 Secretary of State

Entity Na	me: BLAKE SCHOOL P.T.O. INC			
Current Principal Place of Business:		New Principal Plac	e of Business:	
	ST SUNRISE BOULEVARD ION, FL 33313 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	ST SUNRISE BOULEVARD ION, FL 33313 US			
	: 81-0677765 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not Applicable() ve the prior notice.	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
6921 NW PLANTAT The above	ION, FL, FL 33313 US named entity submits this statement for the purpos	e of changing its registe	red office or registered agent, or both,	
in the State	e of Florida.			
SIGNATUI	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete HAYNES, TERRY-ANN 7011 WEST SUNRISE BLVD PLANTATION, FL 33313 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete MCLENNON, SHARON 7011 WEST SUNRISE BLVD PLANTATION, FL 33313 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2VP ( ) Delete GOURAZONG, MATTY 7011 WEST SUNRISE BLVD PLANTATION, FL 33313 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete HARPER, NICOLE 7011 WEST SUNRISE BLVD PLANTATION, FL 33313	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete MUIR, NEWTON 7011 WEST SUNRISE BLVD PLANTATION, FL 33313	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DIR ( ) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NEWTON MUIR 06/27/2008 Τ

RUSSELL-HATCH, CANDY

PLANTATION, FL 33313

7011 WEST SUNRISE BLVD

Name:

Address:

City-St-Zip: