

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90072 040 ****61.25

DOCUMENT # N06000009282 1. Entity Name KELLEY SMITH ELEMENTARY SCHOOL PTO INC					
Principal Place of Business 141 KELLEY SMITH SCHOOL ROAD PALATKA, FL 32177			Mailing Address 141 KELLEY SCHOOL ROAD PALATKA, FL 32177		
2. Principal Place of Business - No P.O. Box # 141 Kelley Smith School Rd			3. Mailing Address Same		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Palatka, FL 32177			City & State 		
Zip 32177			Country Putnam		
4. FEI Number 20-5457332			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARNOLD, CYNTHIA 141 KELLEY SMITH SCHOOL ROAD PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Arnold, Cynthia Street Address (P.O. Box Number is Not Acceptable) 141 Kelley Smith School Rd City Palatka FL 32177		
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 Arnold, Cynthia <i>[Signature]</i> 1/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MINOTTI, NANCY 1012 SOUTH MOODY ROAD PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARNOLD, CYNTHIA 117 LONE OAK TRAIL PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LARGACCI, JOANN 620 W PENIEL ROAD PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HAWK, LACEY 2213 DIANA DRIVE PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JONES, CHRISTY 102 EVERETT ST PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ADAMS, PAULA 151 MASSEY LANE PALATKA, FL 32177	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy K. Minotti 1/11/07 380 328 4455 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		