2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010245

FILED Aug 15, 2007 Secretary of State

Entity Name: CHAMBERLAIN HIGH SCHOOL CAPS PARENT ORGANIZATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
9401 NOR' TAMPA, FL	TH BOULEVARD _ 33612			
Current M	ailing Address:	New Mailing Address:		
9401 NOR' TAMPA, Fl	TH BOULEVARD _ 33612			
n accordanc	20-5639077 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desir not receive the prior notice. Name and Address of New Registered Agent:	. ,	
DEBOER, 9401 NOR' TAMPA, FL	TH BOULEVARD			
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agen	t, or both,	
SIGNATUF	RE:			
	Electronic Signature of Registered A	gent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete DEBOER, BRENDA 3328 CHEVIOT DRIVE TAMPA, FL 33618	Title: () Change () Addition Name: Address: City-St-Zip:		
Fitle: Name: Address: City-St-Zip:	VP () Delete STROBRIDGE, LORRAINE 13708 WILKES DRIVE TAMPA, FL 33618	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VP () Delete AKE, HEIDI 10501 ORANGE GROVE COURT TAMPA, FL 33618	Title: () Change () Addition Name: Address: City-St-Zip:		
Fitle: Name: Address: City-St-Zip:	T () Delete PULLARO, SUZETTE 1612 MAGDALENE MANOR DRIVE TAMPA, FL 33613	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S () Delete STARK, VALERIE 1908 W. MEADOWBROOK AVE. TAMPA, F: 33612	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S () Delete FREEMAN, KORI 13318 GOLF CREST CIRCLE TAMPA, FL 33618	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: BRENDA DEBOER PRES 08/15/2007