

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010245

FILED  
Apr 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

9401 NORTH BOULEVARD  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

9401 NORTH BOULEVARD  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 20-5639077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCIONTI, RICHARD  
9401 NORTH BOULEVARD  
TAMPA, FL 33612 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: PRES  
Name: WILLIS, KIM  
Address: 9401 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: HOLT, JONI  
Address: 9401 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: COX, LESLIE  
Address: 9401 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33612

Title: TREA  
Name: BROOM, THEA  
Address: 9401 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33612

Title: SEC  
Name: CALDWELL, ERYN  
Address: 9401 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: RUGGERI, LOUISE  
Address: 9401 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: THEA M. BROOM

TREA

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date