

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010622

FILED
Apr 30, 2008
Secretary of State

Entity Name: OLD KINGS ELEMENTARY SCHOOL PTO, INC.

Current Principal Place of Business:

301 OLD KINGS ROAD SOUTH
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1610
BUNNELL, FL 32110

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, HOLLY J
301 OLD KINGS ROAD SOUTH
FLAGLER BEACH, FL 32136 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: P () Delete
Name: DOUGLAS, HOLLY J
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

Title: VP () Delete
Name: REYNOLDS, MARY
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

Title: SECR () Delete
Name: SPILLER, ROBIN
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

Title: TREA () Delete
Name: ZAPATA, SORAYA
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VERDE, ANDREA
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

Title: VP (X) Change () Addition
Name: ADRIAN, KIM
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

Title: SECR (X) Change () Addition
Name: TODORA, CARRIE
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

Title: TREA (X) Change () Addition
Name: SCIANOLPORE, SUZY
Address: P.O. BOX 1610
City-St-Zip: BUNNELL, FL 32110

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: ANREA VERDE

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date