

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013070

FILED
Feb 28, 2007
Secretary of State

Entity Name: FORT MEADE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

700 EDGEWOOD DRIVE
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

700 EDGEWOOD DRIVE
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 02-0787970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EREDITARIO, THOMAS
700 EDGEWOOD DRIVE
FORT MEADE, FL 33841 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: PERRY, PRISCILLA MRS.
Address: 700 NORTH EDGEWOOD DRIVE
City-St-Zip: FORT MEADE, FL 33841 US

Title: VP () Change (X) Addition
Name: O'NEAL, KEVIN MR.
Address: 700 NORTH EDGEWOOD DRIVE
City-St-Zip: FORT MEADE, FL 33841 US

Title: SECT () Change (X) Addition
Name: SMITH, NEAL MR.
Address: 700 NORTH EDGEWOOD DRIVE
City-St-Zip: FORT MEADE, FL 33841 US

Title: TREA () Change (X) Addition
Name: SKIPPER, BONNIE MRS.
Address: 700 NORTH EDGEWOOD DRIVE
City-St-Zip: FORT MEADE, FL 33841 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY L SKIPPER

MR.

02/28/2007

Electronic Signature of Signing Officer or Director

Date