

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 001 ****61.25

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

Principal Place of Business
**700 EDGEWOOD DRIVE
FORT MEADE, FL 33841**

Mailing Address
**700 EDGEWOOD DRIVE
FORT MEADE, FL 33841**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
02-0787970

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EREDITARIO, THOMAS
700 EDGEWOOD DRIVE
FORT MEADE, FL 33841**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Thomas Ereditario

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
PERRY, PRISCILLA MRS.
700 NORTH EDGEWOOD DRIVE
FORT MEADE, FL 33841**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
O'NEAL, KEVIN MR.
700 NORTH EDGEWOOD DRIVE
FORT MEADE, FL 33841**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECT
~~SMITH, NELL MRS.~~ SMITH, NELL MRS.
700 NORTH EDGEWOOD DRIVE
FORT MEADE, FL 33841**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
SKIPPER, BONNIE MRS.
700 NORTH EDGEWOOD DRIVE
FORT MEADE, FL 33841**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Priscilla W. Perry **Priscilla W. Perry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Date

**(863) 804-7913
285-8625**

Daytime Phone #