

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06363 1. Entity Name H.S. MOODY ELEMENTARY PTO, INC.				FILED 04 NOV 16 PM 4:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business REBECCA GENSEL 5425-38TH AVE., W. BRADENTON, FL 34209		Mailing Address HS MOODY ELEMENTARY SCHOOL 5425-38TH AVE., W. BRADENTON, FL 34209		 REINSTATEMENT 2004 10202004 REIN-NP CR2E099 (6/04)	
2. Principal Place of Business Tom Wailand Suite, Apt. #, etc. 5425 38th Avenue West City & State Bradenton FL 34209 Zip 34209		3. Mailing Address HS Moody Elementary School Suite, Apt. #, etc. 5425 38th Avenue West City & State Bradenton FL 34209 Zip 34209			
4. FEI Number 59-2470564		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GENSEL, REBECCA 5425 38TH AVENUE WEST 1407 WATER OAK WAY SOUTH BRADENTON, FL 34209			
7. Name and Address of New Registered Agent Name Tom Wailand Street Address (P.O. Box Number is Not Acceptable) 5425 38th Avenue West City Bradenton		FL Zip Code 34209		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 Tom Wailand (NOTE: Registered Agent signature required when reinstating)	
000042766220 11/16/04--01017--005 **236.25		DATE			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME FRUCHEY, ROBIN L STREET ADDRESS 3304 45TH STREET WEST CITY-ST-ZIP BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Mike Savage STREET ADDRESS 4112 24th Street West CITY-ST-ZIP Bradenton FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME WIDNER, KATHY STREET ADDRESS 3808 CAPE VISTA DRIVE CITY-ST-ZIP BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Tammy Sheffer STREET ADDRESS 4112 24th Street West CITY-ST-ZIP Bradenton FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME GENSEL, REBECCA STREET ADDRESS 5425 38TH AVENUE WEST CITY-ST-ZIP BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Tom Wailand STREET ADDRESS 5425 38th Ave West CITY-ST-ZIP Bradenton FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME REES, CINDY STREET ADDRESS 2923 48 ST W CITY-ST-ZIP BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Michelle Stancil STREET ADDRESS 2007 41st Street West CITY-ST-ZIP Bradenton FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME SHEFFER, TAMY STREET ADDRESS 3512 47TH AVE. W. CITY-ST-ZIP BRADENTON, FL 34210	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Lori Kopinsky STREET ADDRESS 4005 51st Place West CITY-ST-ZIP Bradenton FL 34210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE:		Mike Savage		11-304 941 756 0112	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	