

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002035

FILED
Apr 16, 2009
Secretary of State

Entity Name: IMAGINE CHARTER SCHOOL AT NORTH MANATEE PTO, INC.

Current Principal Place of Business:

5309 29TH STREET EAST
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

5309 29TH STREET EAST
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 77-0671524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAUD-WALDIN, CRYSTLINE
5309 29TH STREET E
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

RAMSDEN, JULIE
5309 29TH STREET E
ELLENTON, FL 34222 US

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: JULIE RAMSDEN

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PERSAUD-WALDIN, CRYSTLINE
Address: 2702 24TH AVE E
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: BONDS, JAYME
Address: 3127 49TH STREET E
City-St-Zip: PALMETTO, FL 34221

Title: SEC () Delete
Name: AGUIRRE, SANDRA
Address: 4206 81ST STREET E
City-St-Zip: PALMETTO, FL 34221

Title: VC () Delete
Name: HENDERSON, COLEEN
Address: 5309 29TH STREET E
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITE, JODIE
Address: 5309 29TH STREET EAST
City-St-Zip: ELLENTON, FL 34222

Title: VP (X) Change () Addition
Name: RAMSDEN, JULIE
Address: 5309 29TH STREET EAST
City-St-Zip: ELLENTON, FL 34222

Title: TREA (X) Change () Addition
Name: AGUIRRE, SANDRA
Address: 5309 29TH STREET EAST
City-St-Zip: ELLENTON, FL 31222

Title: SEC (X) Change () Addition
Name: HALLEY, MINDY
Address: 5309 29TH STREET E
City-St-Zip: ELLENTON, FL 34222

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: JULIE RAMSDEN

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date