

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010213

FILED  
May 14, 2009  
Secretary of State

Entity Name: SCOTT LAKE ELEMENTARY PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

1140 E. STATE RD. 540A  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

1140 E. STATE RD. 540A  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 42-1739210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LANCASTER, JOHN J. ESQ.  
500 S. FLORIDA AVE., STE. 800  
LAKELAND, FL 33801      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: DP      ( ) Delete  
Name: WIEBER, CHRIS  
Address: 6852 CRESCENT OAKS CIR.  
City-St-Zip: LAKELAND, FL 33813

Title: DV      ( ) Delete  
Name: ENGLISH, LINDA  
Address: 624 CRESCENT HILLS PL  
City-St-Zip: LAKELAND, FL 33813

Title: DV      ( ) Delete  
Name: LANCASTER, CARMELA  
Address: 644 WHISPER WOODS DR.  
City-St-Zip: LAKELAND, FL 33813

Title: DV      ( ) Delete  
Name: JONES, JENNIFER  
Address: 211 BIRCH LANE  
City-St-Zip: LAKELAND, FL 33813

Title: DS      ( ) Delete  
Name: HAMPSON, JOAN  
Address: 7350 OSPREY LANDING POINT  
City-St-Zip: LAKELAND, FL 33813

Title: DT      ( ) Delete  
Name: NUNEZ, MICHELE  
Address: 855 WHISPER WOODS DR.  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: TRISCHLER, HOLLY  
Address: 1140 E STATE ROAD 540 A  
City-St-Zip: LAKELAND, FL 33813

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHELE NUNEZ

DT

05/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date