

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07181

FILED
Feb 02, 2009
Secretary of State

Entity Name: ENGLEWOOD ELEMENTARY PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD, FL 342233702 US

New Principal Place of Business:

Current Mailing Address:

% ROBERT A DICKINSON
460 S INDIANA AVE
ENGLEWOOD, FL 342233702 US

New Mailing Address:

FEI Number: 59-2344281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKINSON, ROBERT A
460 S INDIANA AVE
ENGLEWOOD, FL 34223 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: DS () Delete
Name: DEMERSMAN, JUDY
Address: 1997 WHISPERING PINES PT
City-St-Zip: ENGLEWOOD, FL 34223

Title: DT () Delete
Name: ANTINI, KATHY
Address: 1980 WHISPERING PINES PT
City-St-Zip: ENGLEWOOD, FL 34223

Title: DP () Delete
Name: FOGO, BOBBI
Address: 200 N OXFORD DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: DV () Delete
Name: SKIDMORE, ROBERT
Address: PO BOX 5069
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: STEVENSON, CHRISTIE
Address: 42 WATERFORD DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

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: BOBBI FOGO

DP

02/02/2009

Electronic Signature of Signing Officer or Director

Date