

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001317

FILED
Mar 20, 2009
Secretary of State

Entity Name: PROS AND PARENTS TACKLE CHILDHOOD OBESITY, INC.

Current Principal Place of Business:

7961 MEGAN HAMMOCK WAY
SARASOTA, FL 342408244

New Principal Place of Business:

Current Mailing Address:

7961 MEGAN HAMMOCK WAY
SARASOTA, FL 342408244

New Mailing Address:

FEI Number: 26-1952568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRAWAY, CHARLEY E JR
7961 MEGAN HAMMOCK WAY
SARASOTA, FL 342408244 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: D () Delete
Name: HARRAWAY, CHARLEY E JR
Address: 7961 MEGAN HAMMOCK WAY
City-St-Zip: SARASOTA, FL 342408244

Title: D () Delete
Name: HARRAWAY, GAIL I JR
Address: 7961 MEGAN HAMMOCK WAY
City-St-Zip: SARASOTA, FL 342408244

Title: D () Delete
Name: WRIGHT, MARGARET E
Address: 4673 PINE GREEN TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: SCHMIDT, WAYNE R
Address: 4648 TUSCANA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: LAURIA, EMANUEL
Address: 3762 EAGLE HAMMOCK DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: GOVEIA, DERRICK F
Address: 3762 EAGLE HAMMOCK DRIVE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D (X) Change () Addition
Name: GOVEIA, DERRICK F
Address: 3764 EAGLE HAMMOCK DRIVE
City-St-Zip: SARASOTA, FL 34240

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: EMANUEL LAURIA

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date