

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004473

FILED
Mar 25, 2009
Secretary of State

Entity Name: SEVEN SPRINGS MIDDLE SCHOOL PARENT TEACHER STUDENT ORGANIZATION, INC.

Current Principal Place of Business:

2441 LITTLE ROAD
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

2441 LITTLE ROAD
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 26-2568615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHEA, HOLLY S
2111 GOLD DUST CT.
TRINITY, FL 34655 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: P () Delete
Name: SHEA, HOLLY S
Address: 2111 GOLD DUST CT.
City-St-Zip: TRINITY, FL 34655 US

Title: VP () Delete
Name: METZEN, ANDREA
Address: 7915 LAKE PLACID LANE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: TREA () Delete
Name: SELBY, JEANNETTE
Address: 10553 GARDIA DRIVE
City-St-Zip: TRINITY, FL 34655 US

Title: SEC () Delete
Name: GROSSEIBL, AMY
Address: 7230 FORESTEDGE CT.
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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:

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: HOLLY S SHEA

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date