

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 30, 2009
Secretary of State

DOCUMENT# N08000006588

Entity Name: TREADWAY ELEMENTARY SCHOOL PTO, INC.**Current Principal Place of Business:**10619 TREADWAY SCHOOL ROAD
LEESBURG, FL 34788**New Principal Place of Business:****Current Mailing Address:**10619 TREADWAY SCHOOL ROAD
LEESBURG, FL 34788**New Mailing Address:****FEI Number:** 80-0184907**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SARGENT, KAREN
10619 TREADWAY SCHOOL ROAD
LEESBURG, FL 34788 US**Name and Address of New Registered Agent:**BLAISE, SHERYL
10619 TREADWAY SCHOOL ROAD
LEESBURG, FL 34788 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: SHERYL BLAISE

10/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KIRBY, DEEDEE
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788

Title: DS () Delete
Name: HAVERSAT, KIM
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788

Title: DT () Delete
Name: SARGENT, KAREN
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 32735

Title: DV () Delete
Name: NECK, RACHELLE
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LANGE, CANDIE
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788

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

Title: DT (X) Change () Addition
Name: SHERYL, BLAISE
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 32735

Title: DV (X) Change () Addition
Name: MALONE, LYNN
Address: 10619 TREADWAY SCHOOL RD
City-St-Zip: LEESBURG, FL 34788

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: SHERYL BLAISE

TREA

10/30/2009

Electronic Signature of Signing Officer or Director

Date