

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008353

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** CIRCLE C RANCH ACADEMY PARENT - TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

6204 INTERBAY BLVD  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

6204 INTERBAY BLVD  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 59-2793710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, THERESE A  
201 NORTH FRANKLIN STREET SUITE 200  
TAMPA, FL 33602 US

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

WILLIAMS, THERESE A  
201 NORTH FRANKLIN STREET SUITE 2000  
TAMPA, FL 33602 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:** THERESE A. WILLIAMS

04/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WILLIAMS, THERESE A  
**Address:** 6204 INTERBAY BLVD  
**City-St-Zip:** TAMPA, FL 33611

**Title:** S  
**Name:** BRANNAGAN, SHANNON  
**Address:** 6204 INTERBAY BOULEVARD  
**City-St-Zip:** TAMPA, FL 33611

**Title:** T  
**Name:** GUICE, KATIE  
**Address:** 6204 INTERBAY BOULEVARD  
**City-St-Zip:** TAMPA, FL 33611

**Title:** VP  
**Name:** GRANTHAM, KATIE  
**Address:** 6204 INTERBAY BOULEVARD  
**City-St-Zip:** TAMPA, FL 33611

I hereby 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 all other like empowered.

**SIGNATURE:** THERESE A WILLIAMS

P

04/06/2010

Electronic Signature of Signing Officer or Director

Date