

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2012
Secretary of State

DOCUMENT# N09000010463

Entity Name: IMAGINE SCHOOLS - NAU CAMPUS PARENT TEACHER ORGANIZATION, INC.**Current Principal Place of Business:**4402 SW YAMADA DRIVE
PORT ST LUCIE, FL 34953 US**New Principal Place of Business:****Current Mailing Address:**4402 SW YAMADA DRIVE
PORT ST LUCIE, FL 34953 US**New Mailing Address:****FEI Number:** 27-1190429**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BOYD, KIMBERLY A
4402 SW YAMADA DR
PORT ST LUCIE, FL 34953 US**Name and Address of New Registered Agent:**YANEZ, ELIZABETH M
4402 SW YAMADA DR
PORT ST LUCIE, FL 34953 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: ELIZABETH M YANEZ

07/31/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCDEARMONT, KRISTINA M
Address: 4402 SW YAMADA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: S
Name: SUMMERFIELD, CRYSTAL A
Address: 4402 SW YAMADA DRIVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: T
Name: YANEZ, ELIZABETH M
Address: 4402 SW YAMADA DRIVE
City-St-Zip: PORT ST LUCIE, US 34953 US

Title: VP
Name: BALDERAS, DAWN M
Address: 4402 SW YAMADA DRIVE
City-St-Zip: PORT ST LUCIE, US 34953 US

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: KIMBERLY A BOYD

T

07/31/2012

Electronic Signature of Signing Officer or Director

Date