

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004264

FILED
Apr 25, 2012
Secretary of State

Entity Name: MATER LAKES ACADEMY PTSO CORP

Current Principal Place of Business:

17300 NW 87TH AVENUE
PTSO
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

17300 NW 87TH AVENUE
PTSO
MIAMI, FL 33015

New Mailing Address:

FEI Number: 80-0741101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIERRI, SAIDA P
19640 CYPRESS COURT
MIAMI, FL 33015 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
Name: ORTIZ, ESTHER
Address: 7981 NW 186 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: T
Name: PIERRI, SAIDA
Address: 19640 CYPRESS COURT
City-St-Zip: MIAMI, FL 33015

Title: VP
Name: SIBORI, CLARE
Address: 6760 ORCHID DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP
Name: CAPO, ZAYDEE
Address: 9050 NW 190 STREET
City-St-Zip: MIAMI, FL 33018

Title: VP
Name: RODRIGUEZ, GLORIA
Address: 6601 NW 199TH STREET
City-St-Zip: HIALEAH, FL 33015

Title: SECR
Name: MIGUEL, VICTORIA
Address: 1305 SW 143 COURT
City-St-Zip: MIAMI, FL 33184

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: SAIDA PIERRI

T

04/25/2012

Electronic Signature of Signing Officer or Director

Date