

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009626

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** HAMMETT L. BOWEN JR. ELEMENTARY PTO INC.

**Current Principal Place of Business:**

4397 SW 95TH ST  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

4397 SW 95TH ST  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 83-0465173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCGUIRE, LISA  
8162 SW 61ST CT  
OCALA, FL 34476 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:** MCGUIRE, LISA  
**Address:** 8162 SW 61ST CT  
**City-St-Zip:** Ocala, FL 34476

**Title:** CP  
**Name:** CARMICHAEL, LINDA  
**Address:** 4963 SW 99TH ST  
**City-St-Zip:** Ocala, FL 34476

**Title:** T  
**Name:** WOLOWITZ, MICHELLE  
**Address:** 11665 SW 52ND AVE  
**City-St-Zip:** Ocala, FL 34476

**Title:** S  
**Name:** WALLACE, ELIZABETH  
**Address:** 6351 SW 82ND PL  
**City-St-Zip:** Ocala, FL 34476

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:** LISA M. MCGUIRE

P

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date