2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N30276

Entity Name: RIVERSIDE ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

11450 RIVERSIDE DR.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

11450 RIVERSIDE DR.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 59-2725165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KROHN, BARRY
110 TOWER, SUITE 1508
110 SE 6TH STREET
FT. LAUDERDALE, FL 33301 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:	DP	( ) Delete
Name:	DAVIS, MELISSA	
Address:	11450 RIVERSIDE DR	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	DT	( ) Delete
Name:	ZAICHICK, STACEY	
Address:	561 NW 105 DR	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	DP	( ) Delete
Name:	BELABIN, DAWN	
Address:	5339 N.W. 108 WAY	
City-St-Zip:	CORAL SPRINGS, FL 33076	
Title:	DVP	( ) Delete
Name:	WOLFE, ELISA L	
Address:	501 NW 107 TERRACE	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	DVP	( ) Delete
Name:	GRAULICH, DAWN L	
Address:	10019 NW 7 CT	
City-St-Zip:	CORAL SPRINGS, FL 33071	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DP	(X) Change ( ) Addition
Name:	LACERRA, KARA	
Address:	11010 NW 5TH MANOR	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: STACEY D. ZAICHICK DT 04/14/2009

Electronic Signature of Signing Officer or Director — Date