Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41320

1. Corporation Name

BRANDON ACADEMY PTO, INC.

Principal Place of Business 801 LIMONA ROAD BRANDON FL 33510-2830

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

801 LIMONA ROAD BRANDON FL 33510-2830

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90033 024 ****61.25



3. Date Incorporated or Qualifed

12/14/1990

4. FEI Number

		27					1	59-3044653		Not	Applicable
City & State			City & State					5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
23		28	7:-		untry			S. Flastian Compaign Financing		\$5.00 N	Joy Po
Zip	Country		Zip		uniu y			Election Campaign Financing Trust Fund Contribution		Added to	•
24	1				10			10. Name and Address of New Registered Agent			
	9. Name and Address of Cur	rent Regis	stered Agent		81	Name		o: Maille alid Mudiess of Idea	togioio.eu.		
					"	Hairie					
CURRY & ASSOCIATES, P.A.					82	Street	Address	(P.O. Box Number is Not Accept	able)		
420 W. BRANDON BOULEVARD											
BRANDON FL 33511					83						
					84	City			FL	85 Zip C	ode ·
office or re agent. I as	to the provisions of Sections 617.0 egistered agent, or both, in the Starn familiar with, and accept the obi	ate of Flori ligations o	f, Section 617.0503,	as auunonze	itutes		Mailons	board of directors. The copy and	purpose of pt the appoint	changing its introduced the change of the ch	egistered istered
***	Signature, typed or printed name of registered			13		it signature i	reduited with	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS DD				117015		DP			Change	☐ Addition
TITLE	Jr —				1.2 NAME		Ann	15 Haggerty 1 Tranquiview La	_		
NAME	GREENE, JAN						inn	Tranquiviewla	ine		
STREET ADDRESS	2808 POINTER PL					ADDRESS					
CITY-ST-ZIP	SEFFNER FL				CITY-S	T- ZIP	<u> Val</u>	rico, Fl		Change	Addition
TITLE	DVP		☐ DELETE	2.1	TITLE			•		[_] Change	
NAME	DAVIS, DONNA			2.2	NAME						
STREET ADDRESS	916 BALSAMINA DR			2.3	STREET	T ADDRESS	3	*			
CITY-ST-ZIP	BRANDON FL			2.4	CITY-5	ST-ZIP					
TITLE	DT		DELETE	3.1	TITLE		DT			Dehange	Addition
NAME	NILES, DIANA			3.2	NAME		Rhor	nda Rogers			
STREET ADDRESS	8513 MAGNOLIA ST.			3.3	STREE"	TADDRESS	702	Gray Fox Run			
	GIBSONTON FI.		,		CITY-S			ffner, Fl			
CITY-ST-ZIP	S		☑ DELETE		TITLE		5			☐ Change	Addition
TITLE	~		_		NAME		Ton	Green &			
NAME	HAGGERTY, ANN					TADDRESS	170	5 Cottageside Ct.			
STREET ADDRESS	1004 TRANQUIVIEW LANE						les.	andam Fl			
CITY-ST-ZIP	VALRICO FL		□ DELETE		CITY-S)1-AF	PIL	VILLOTTO / L.I		Change	Addition
TITLE					NAME						
NAME						T ADDRESS					
STREET ADDRESS							٦				. :-
CITY-ST-ZIP			[m] 5		TITLE	1-ZIP	+	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
TITLE			DELETE						,		
NAME				1	NAME		_ [
STREET ADDRESS				6.3	STREE	T ADDRESS	s				*
CITY-ST-ZIP		_			CITY-S				1.5.4	NF 45 -4.45 1	
14. I hereby	certify that the information supplied	d with this	filing does not qualit	fy for the ex	kempt	tion state	ed in Sec	tion 119.07(3)(i), Florida Statutes	. I further cer	tiry that the ii	nomation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MONSIGNATURE REQUIRED

1-10-99 Date

689 - 195 J Daytime Phone #