2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N41320

1. Entity Name
BRANDON ACADEMY PTO, INC.

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

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01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3044853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURRY & ASSOCIATES, P.A.
420 W. BRANDON BOULEVARD
BRANDON, FL 33511

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TAYLOR, MICHELLE
STREET ADDRESS	5604 BENT GRASS DR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VD
NAME	WOLFE, MERINDA
STREET ADDRESS	149 BARRINGTON DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	TD
NAME	GONZALEA, LISA
STREET ADDRESS	6309 WILD ORCHID DR
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	SD
NAME	CITTY, LAURINDA
STREET ADDRESS	2302 VALRICO FOREST DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	DP
NAME	BRITTON, CHERYL
STREET ADDRESS	12606 SILVER PINE DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/05-80069-002 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa M Gonzalea 2-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #