2008 NOT-FOR-PROFIT CORPORATION

Apr 30, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2008 90184 047 ****61.25 **DOCUMENT # N41320** BRANDON ACADEMY PTO, INC. 60033478 Principal Place of Business Mailing Address 801 LIMONA ROAD 801 LIMONA ROAD BRANDON, FL 33510-2830 BRANDON, FL 33510-2830 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032008 Chq-NP CR2E037 (12/06) 4. FEI Number 59-3044653 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brandon academy 801 Limona Rd Brandon, Fl 3551, CURRY, CLIFTON C JR **GURRY LAW GROUP, P.A.** Street Address (P.O. Box Number is Not Acceptable) 780-W. LUMSDEN RD BRANDON, FL 33511 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Delete TITLE ■ Addition Michelle Ayres PARKER, KATIE NAME NAME STREET ADDRESS 3323 LITTLE RD STREET ADDRESS Valrico. Pl CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP VD Delete TITLE TITLE LIZ Kazbou lane ☐ Change ■ Addition WOLFE, MERINDA NAME NAME 149 BARRINGTON DR STREET ADDRESS STREET ADDRESS Valriw. Fl BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition GONZALEA, LISA NAME NAME 6309 WILD ORCHID DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITHIA, FL 33547 CITY-ST-ZIP Delete Laura Solin 9733 Bay Colony Dr etrange TITLE TITLE ☐ Addition CRESCINI, DEE NAME NAME 210 ARBRSHACK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP <u> ری</u> ۲۰ د دس FL 33569 Delete TITLE TITLE ☐ Change ☐ Addition BRITTON, CHERYL NAME NAME 12606 SILVER PINE DRIVE STREET ADDRESS STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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. LISA M

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

owa

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 681-8051

Daytime Phone #

FILED