


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 021 ****61.25

DOCUMENT # N45602 1. Entity Name COLUMBIA ELEMENTARY SCHOOL PTA INC.			
Principal Place of Business 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833		Mailing Address 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 18501 Cypress Lake Glenn Blvd Suite, Apt. #, etc.	
City & State Orlando, FL		4. FEI Number 23-7106547	
Zip 32820		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FINKELSTEIN, KAREN 650 COLUMBIA SCHOOL ROAD ORLANDO, FL 32833		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLEKE, ANGELA 650 COLUMBIA SCHOOL ROAD ORLANDO, FL 32833	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYONS, DENISE 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORTH, MONICA 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKELSTEIN, KAREN 650 COLUMBIA SCHOOL ROAD ORLANDO, FL 32833	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INNIS, TRACY 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DERA, LORI 650 COLUMBIA SCHOOL RD ORLANDO, FL 32833	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18501 Cypress Lake Glenn Blvd Orlando, FL 32820	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18501 Cypress Lake Glenn Blvd Orlando, FL 32820	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: _____		9/6/07 407-568-0100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	