

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45602

FILED
Feb 18, 2009
Secretary of State

Entity Name: COLUMBIA ELEMENTARY SCHOOL PTA INC.

Current Principal Place of Business:

18501 CYPRESS GLENN BLVD
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

18501 CYPRESS GLENN BLVD
ORLANDO, FL 32820

New Mailing Address:

FEI Number: 23-7106547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINKELSTEIN, KAREN
18501 CYPRESS GLENN BLVD
ORLANDO, FL 32820 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: P () Delete
Name: WILLEKE, ANGELA
Address: 18501 CYPRESS LAKE GLENN BLVD
City-St-Zip: ORLANDO, FL 32820

Title: V () Delete
Name: EBERT-JONES, JENNIFER
Address: 18501 CYPRESS LAKE GLENN BLVD
City-St-Zip: ORLANDO, FL 32820

Title: V () Delete
Name: MCCULLEY, CAROLYN
Address: 18501 CYPRESS LAKE GLENN BLVD
City-St-Zip: ORLANDO, FL 32820

Title: D () Delete
Name: FINKELSTEIN, KAREN
Address: 18501 CYPRESS LAKE GLENN BLVD
City-St-Zip: ORLANDO, FL 32820

Title: T () Delete
Name: TOMLINSON, REINA
Address: 18501 CYPRESS LAKE GLENN BLVD
City-St-Zip: ORLANDO, FL 32820

Title: T () Delete
Name: HOLLEY, AIMEE
Address: 18501 CYPRESS LAKE GLENN BLVD
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AIMEE HOLLEY

TREA

02/18/2009

Electronic Signature of Signing Officer or Director

Date