
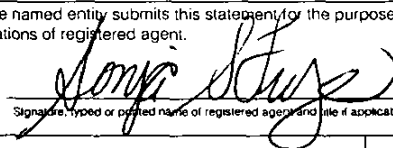
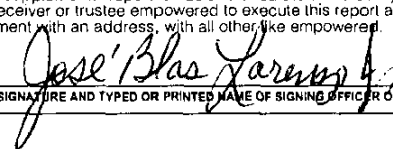


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 039 ****61.25

DOCUMENT # N95000004396						
1. Entity Name HAWKS RISE ELEMENTARY SCHOOL PARENT TEACHER ORGAINZATION, INC.						
Principal Place of Business 205 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312			Mailing Address 205 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		60006786		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number 82-0554538		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FRYE, SONJA S 6421 MALLARD TRACE DRIVE TALLAHASSEE, FL 32312				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:  (NOTE: Registered Agent signature required when reinstating) DATE:						
Filing Fee is \$61.25 Due by May 1, 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 PD NAME FRYE, SONJA S STREET ADDRESS 6421 MALLARD TRACE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete retain			TITLE CO-PD NAME Marsha Hartwee STREET ADDRESS 1332 CONSERVANCY, E. CITY-ST-ZIP Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME BERTOT, ROBIN E STREET ADDRESS 6344 GLASGOW DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME WALTER, ALEXIS STREET ADDRESS 1307 CONSERVANCY DRIVE EAST CITY-ST-ZIP TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete			TITLE VPD NAME Jose B. Lorenzo, Jr. STREET ADDRESS 1814 Newmarket Lane CITY-ST-ZIP Tallahassee FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HOCHWATER, TERRY STREET ADDRESS 1307 CONSERVANCY DRIVE EAST CITY-ST-ZIP TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			TITLE Treasurer NAME Terry Hochwater STREET ADDRESS 1307 CONSERVANCY CITY-ST-ZIP Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE SD NAME Melissa Seville STREET ADDRESS 6303 Mallard Trace CITY-ST-ZIP Tallahassee FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				1/17/07 566-7779		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		