

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000829

FILED
Jan 21, 2009
Secretary of State

Entity Name: BROOKSIDE MIDDLE SCHOOL PARENT, TEACHER, STUDENT ORGANIZATION, INC.

Current Principal Place of Business:

3636 SOUTH SHADE AVENUE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3636 SOUTH SHADE AVENUE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0706033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURGEON, JACK
3636 SOUTH SHADE AVE
SARASOTA, FL 34239 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: CLEARY, MISSY
Address: 2000 WEBBER ST
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: DANCER, KELLY
Address: 1670 BAY VIEW DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: T () Delete
Name: MEDAWAR, JEAN
Address: 1835 CLEMATIS
City-St-Zip: SARASOTA, FL 34239

Title: P () Delete
Name: TURGEON, JACK PRINCIP
Address: 3636 S SHADE AVE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MEDAWAR, JEANNE
Address: 1835 CLEMATIS ST
City-St-Zip: SARASOTA, FL 34239

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: JEANNE MEDAWAR

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date