

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005271

FILED
Feb 12, 2009
Secretary of State

Entity Name: VILLAGE PINES SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

15000 S.W. 92ND AVE.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

15000 S.W. 92ND AVE.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0792477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALMAGUER, ANGEL
15000 SOUTHWEST 92ND AVENUE
MIAMI, FL 33176 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: ALMAGUER, ANGEL
Address: 15000 S.W. 92ND AVE.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FRAZIER, LUCILLE
Address: 15000 S.W. 92ND AVE.
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: FUENTES, MEGAN
Address: 15000 SOUTHWEST 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: KAUFMAN, ALANA
Address: 15000 SOUTHWEST 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

Title: V () Delete
Name: KAUFMAN, KEVIN
Address: 15000 SOUTHWEST 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: HERNANDEZ, MAYRA
Address: 15000 SOUTHWEST 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

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: ALANA KAUFMAN

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date