

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002491

Entity Name: NORTH NAPLES MIDDLE SCHOOL PTO, INC.**Current Principal Place of Business:**16165 LEARNING LANE
NAPLES, FL 34110**Current Mailing Address:**16165 LEARNING LANE
NAPLES, FL 34110 US**FEI Number:** 20-1495100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BREWER, KELLY
16165 LEARNING LANE
NAPLES, FL 34110 US*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:** KELLY BREWER

01/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BREWER, KELLY
Address 16165 LEARNING LANE
City-State-Zip: NAPLES FL 34110

Title VP
Name KELLY, MEGAN
Address 16165 LEARNING LANE
City-State-Zip: NAPLES FL 34110

Title TREASURER
Name YOVANOVIC, WIEBKE
Address 16165 LEARNING LANE
City-State-Zip: NAPLES FL 34110

Title CORRESPONDING SECRETARY
Name MACKIE, FLORENCIA
Address 16165 LEARNING LANE
City-State-Zip: NAPLES FL 34110

Title COMMUNICATION & MARKETING
Name SCHMIEG, JILL
Address 16165 LEARNING LANE
City-State-Zip: NAPLES FL 34110

Title VOLUNTEER & INCLUSION
 COORDINATOR
Name MARENOSKI, MEGHAN
Address 16165 LEARNING LN
City-State-Zip: NAPLES FL 34110

Title SCHOOL STORE MANAGER
Name KRUEGER, LORI
Address 16165 LEARNING LN
City-State-Zip: NAPLES FL 34110

I hereby 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 all other like empowered.

SIGNATURE: FLORENCIA MACKIE**SECRETARY**

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date