

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009936

**Entity Name:** PLATO ACADEMY ST. PETERSBURG PTO INC.

**Current Principal Place of Business:**

3901B PARK STREET NORTH  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

3901B PARK STREET NORTH  
ST. PETERSBURG, FL 33709

**FEI Number:** 46-3913060

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRIDGES, RACHAEL L  
6030 97TH AVE N  
PINELLAS PARK, FL 33782 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           BRIDGES, RACHAEL  
Address        3901B PARK STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33709

Title            VP  
Name           GUADAGNO, TRESSY  
Address        3901B PARK STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33709

Title            TREASURER  
Name           LEROY, YVONNE  
Address        3901B PARK STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33709

Title            TREASURER  
Name           SALOMON, PETER  
Address        3901B PARK STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33709

Title            SECRETARY  
Name           HENRY, TRACY  
Address        3901B PARK STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33709

*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: RACHAEL BRIDGES**

**PRESIDENT**

**01/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date