

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011490

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC8218925482**

**Entity Name:** OAKLAND AVENUE CHARTER SCHOOL PTO, INC.

**Current Principal Place of Business:**

456 EAST OAKLAND AVENUE  
OAKLAND, FL 34760

**Current Mailing Address:**

P.O. BOX 949  
OAKLAND, FL 34760 US

**FEI Number:** 11-3706505

**Certificate of Status Desired:** No

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

KONAT, KRISTY M  
456 EAST OAKLAND AVENUE  
OAKLAND, FL 34760 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:** KRISTY KONAT

04/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FONTENOT, DEIDRE  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title            VP/TREASURER  
Name            KONAT, KRISTY M  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title            COMMUNITY EVENTS  
Name            MINZNER, LINA  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title            SECRETRARY/MARKETING  
Name            LEWIS, JANICE  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title            SPECIAL EVENTS  
Name            HOUGH, KACIE  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title            VOLUNTEER CHAIR/MEMBERSHIP  
Name            WARREN, NANCY  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title            SECRETARY/MARKETING COCHAIR  
Name            DODGE, TAMARA  
Address        456 E OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title            VOLUNTEER/MEMBERSHIP COCHAIR  
Name            THOMPSON, AMANDA  
Address        456 E OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

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*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:** KRISTY KONAT

VP/TREASURER

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SPECIAL EVENTS COCHAIR  
Name            IAPALUCCIO, STACY  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760