

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N06000011490

**Jan 28, 2019**

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

**Secretary of State**

**9261515707CC**

**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:**

HOUGH, KACIE  
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: KACIE HOUGH**

**01/28/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP/TREASURER  
Name            HOUGH, KACIE  
Address        965 SADIE LANE  
City-State-Zip: WINTER GARDEN FL 34787

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

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

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

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

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

Title            VOLUNTEER/MEMBERSHIP COCHAIR  
Name            LEWIS, JANICE  
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: KACIE HOUGH**

**VP/TREASURER**

**01/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title COMMUNITY EVENTS COCHAIR  
Name GREISER, BECKY  
Address 456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

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

Title FUNDRAISING/GRANTS COCHAIR  
Name YOUNG, KAREN  
Address 456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760