

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 16, 2007  
Secretary of State

DOCUMENT# N06000011490

Entity Name: OAKLAND AVENUE CHARTER SCHOOL PTO, INC.

**Current Principal Place of Business:**

456 EAST OAKLAND AVENUE  
OAKLAND, FL 34760

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 949  
OAKLAND, FL 34760

**New Mailing Address:**

P.O. BOX 1016  
OAKLAND, FL 34760

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

MACDONALD, PAM  
1014 GARDEN CIRCLE  
WINTER GARDEN, FL 34787 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: PAM MACDONALD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WRIGHT, COLLEEN  
Address: 9800 WATER FERN CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: STAFFELLI, PETER L JR.  
Address: 16215 APALACHEE CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: PELLEGRINO, DENISE  
Address: 301 LARGO VISTA DRIVE  
City-St-Zip: OAKLAND, FL 34760

Title: D ( ) Delete  
Name: OWEN, CHARMAINE  
Address: 589 KARMA AVENUE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: MACDONALD, PAM  
Address: 1014 GARDEN CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: FORD, AMANDA  
Address: 2007 JONES-LEE LANE  
City-St-Zip: OCOEE, FL 34761

**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: PETER STAFFELLI

Electronic Signature of Signing Officer or Director

MR.

10/16/2007

Date