

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011490

**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:**

OREM, LYNN  
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:** LYNN OREM

07/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OREM, LYNN  
Address        456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title            VP/TREASURER  
Name            FURCHES, NANCY  
Address        456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title            FUNDRAISING/GRANTS CO-CHAIR  
Name            GRAHAM, THOMAS  
Address        456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title            FUNDRAISING/GRANTS CO-CHAIR  
Name            BAIER, CAITLIN  
Address        456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title            FUNDRAISING/GRANTS CO-CHAIR  
Name            BERRY, ASHLEY  
Address        456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title            SPECIAL EVENTS CO-CHAIR  
Name            ZARTH, CHELSEA  
Address        456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title            SPECIAL EVENTS CO-CHAIR  
Name            HOLCOMBE, CORY  
Address        456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title            SPECIAL EVENTS CO-CHAIR  
Name            MEMOLO, KATHY  
Address        456 EAST OAKLAND AVENUE  
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:** LYNN OREM

**PRESIDENT**

07/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title COMMUNITY EVENTS CO-CHAIR  
Name CLARK, ABBEY  
Address 456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

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

Title SECRETARY/MARKETING CO-CHAIR  
Name ELDRED, MELISSA  
Address 456 EAST OAKLAND AVENUE  
City-State-Zip: OAKLAND FL 34760

Title SECRETARY/MARKETING  
Name JOHNSTON, JANE  
Address 456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760

Title SECRETARY/MARKETING  
Name LACSAMANA, CRYSTAL  
Address 456 EAST OAKLAND AVE  
City-State-Zip: OAKLAND FL 34760