

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011490

FILED
Jan 21, 2009
Secretary of State

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 1016
OAKLAND, FL 34760

New Mailing Address:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

Title: D (X) Delete
Name: GOLUB, STEPHANIE
Address: 608 GROVES END LN
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: D (X) Delete
Name: POYNOR, HOLLIE
Address: 482 ORIONVISTA WAY
City-St-Zip: OAKLAND, FL 34787

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

Title: D () Delete
Name: YOUNG, ANNEMARIE
Address: 12204 MARSHALL FARM RD
City-St-Zip: WINTER GARDEN, FL 34787

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: PAMELA J MACDONALD

D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date