

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 16, 2009
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 1016
OAKLAND, FL 34760**New Mailing Address:**

FEI Number: 11-3706505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 34761Title: D () Delete
Name: PELLEGRINO, DENISE
Address: 301 LARGO VISTA DRIVE
City-St-Zip: OAKLAND, FL 34760Title: D () Delete
Name: MACDONALD, PAM
Address: 1014 GARDEN CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787Title: D () Delete
Name: YOUNG, ANNEMARIE
Address: 12204 MARSHALL FARM RD
City-St-Zip: WINTER GARDEN, FL 34787Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: MACDONALD, PAM
Address: 1014 GARDEN CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: JAMIE, ROZZI
Address: 1423 EASTOVER LOOP
City-St-Zip: WINTER GARDEN, FL 34787Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: STOUT, JODI
Address: 592 FIRST CAPE CORAL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787Title: D () Change (X) Addition
Name: DICKEY, CATHY
Address: 307 DANIELS POINTE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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: JAMIE ROZZI

D

06/16/2009

Electronic Signature of Signing Officer or Director

Date