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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001341

1. Corporation Name

JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB, INC.

Principal Place of Business

Mailing Address

12465 LAMAR SHAW RD
 JACKSONVILLE FL 32258
 US

POST OFFICE BOX 1621
 PONTE VEDRA BEACH FL 32004-1621



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **367 So. Mill View Way**

26

03/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3353389

Applied For

Not Applicable

22

23 **Ponte Vedra FL**

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 **32082** 25 **USA**

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPOONER, RUTH ANNE
 12465 LAMAR SHAW RD
 JACKSONVILLE FL 32258

81 Name **Susan W. Hitch**

82 Street Address (P.O. Box Number is Not Acceptable)

367 So. Mill View Way

83

84 City **Ponte Vedra FL** 85 Zip Code **32082**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Susan W. Hitch, President 4/26/99
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPOONER, RUTH A	
STREET ADDRESS	12465 LAMAR SHAW ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OUTLAW, JANET	
STREET ADDRESS	201 AZALEA POINT DR S	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, JANET	
STREET ADDRESS	2363 JENNIE LN	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZOBEL, KAREN	
STREET ADDRESS	4891 STRATTON RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Susan W. Hitch	
1.3 STREET ADDRESS	367 So. Mill View Way	
1.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kathy Griffler	
2.3 STREET ADDRESS	24500 Deer Trace Dr.	
2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Susan Burns	
3.3 STREET ADDRESS	1689 Cedar Bay Rd.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32218	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lisa Hoepfner	
4.3 STREET ADDRESS	5387 Riverbreeze Ct.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32277	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Susan W. Hitch 4/26/99 (904)280-7454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)