

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**


04-09-2004 90057 045 \*\*\*\*61.25

**54029356**



**DOCUMENT # N94000001341**

1. Entity Name  
**JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB, INC.**



Principal Place of Business  
**10293 RIPPLE RUSH DR W.  
 JACKSONVILLE, FL 32257 US**

Mailing Address  
**POST OFFICE BOX 57644  
 JACKSONVILLE, FL 32241-7644**

2. Principal Place of Business  
**620 Hampton Downs Ct.**

3. Mailing Address  
**Post Office Box 57644**

Suite, Apt. #, etc.

03152004 Chg-NP CR2E037 (10/03)

City & State  
**JACKSONVILLE, FLORIDA**

City & State  
**JACKSONVILLE, FLORIDA**

Zip  
**32259** Country  
**US**

Zip  
**32241-7644** Country  
**US**

4. FEI Number  
**59-3353389**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PARTAIN, TAMMY  
 10293 RIPPLE RUSH DR W.  
 JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent  
 Name  
**NEREIDA L. DiDEO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**620 Hampton Downs Court**  
 City  
**JACKSONVILLE** FL Zip Code  
**32259**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nereida L. DiDeo* DATE 3-16-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARTAIN, TAMMY 10293 RIPPLE RUSH DR W. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President NEREIDA L. DiDEO 620 Hampton Downs Court. JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DI DEO, NERY 620 HAMPTON DOWNS CT JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Melissa Paquette 249 E. Betony Branch Way JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BATCH, SHERRI 10869 CABBAGE POND COURT JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jennifer Cratem Drive 3005 Beauclerc Oaks Drive South JACKSONVILLE, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTENS, KATHY 12013 RISING OAKS DR E. JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cheryl Sklaver 809 Mill Pond Court JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL-HAYS, ANN 1044B SALT MARSH TRAIL JACKSONVILLE, FL 32226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kelly Voytecek 6039 Bridgewater Circle Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nereida L. DiDeo* DATE 3-16-04 DAYTIME PHONE # 904-287-9388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR