


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90399 028 ****61.25

DOCUMENT # N94000001341

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



Principal Place of Business
**620 HAMPTON DOWNS CT.
 JACKSONVILLE, FL 32259 US**

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

2. Principal Place of Business
6074 B. Pro's Nest Ct.

3. Mailing Address
 Suite, Apt. #, etc. _____
 Suite, Apt. #, etc. _____

City & State
Jacksonville FL

City & State

Zip
32212

Country
US

Zip

Country

40010000



04122006 Chg-NP CR2E037 (11/05)

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

**NEREIDA, DIDEO
 620 HAMPTON DOWNS CT.
 JACKSONVILLE, FL 32259**

7. Name and Address of New Registered Agent

Name
Salena Smashum

Street Address (P.O. Box Number is Not Acceptable)
6074 B. Pro's Nest Ct.

City
Jacksonville

State
FL

Zip Code
32212

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 *Salena Smashum* **Salena Smashum** **4/25/06**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEREIDA, DIDEO L 620 HAMPTON DOWNS CT. JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAQUETTE, MELISSA 249 E. BETONY BRANCH WAY JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGINNIS, LORI 2060 GELENFIELD CROSSING CT SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKLAVER, CHERYL 809 MILL POND COURT JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMANO, JOAN 109 OAK VIEW CIRCLE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Salena Smashum 6074 B. Pro's Nest Ct Jacksonville, FL 32212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lisa Spradlin 9752 Jupiter Ct. Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kate Feldman 1159 Eagle Point Dr. St. Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Noeline Clark 391 Tide water Cir. W. Jacksonville, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: *Salena Smashum* **4.25.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #