

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001341

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

109 OAK VIEW CIR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 57644
JACKSONVILLE, FL 322417644

New Mailing Address:

FEI Number: 59-3353389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANO, JOAN
109 OAK VIEW CIR
PONTE VEDRA BEACH, FL 32082 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: P () Delete
Name: ROMANO, JOAN
Address: 109 OAK VIEW CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: SPRADLIN, LISA
Address: 9752 JUPITER CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: BERNARDO, ELIZABETH
Address: 12952 NIGHT HERON CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: CLARK, NOELINE
Address: 394 TIDE WATER CIR W
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP () Delete
Name: PIPPIN, MANDY
Address: 6575 CONNIE JEAN RD
City-St-Zip: JACKSONVILLE, FL 32222

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: T (X) Change () Addition
Name: KLEIN, CATHERINE
Address: 14234 FALCON CREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

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: JOAN ROMANO

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date