

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001341

FILED  
Mar 31, 2009  
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:**

1952 JUPITER CT  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

POST OFFICE BOX 57644  
JACKSONVILLE, FL 322417644

**New Mailing Address:**

POST OFFICE BOX 23036  
JACKSONVILLE, FL 322413036

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:**

SPRADLIN, LISA  
9752 JUPITER CT  
JACKSONVILLE, FL 32246 US

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: CATHERINE KLEIN

03/31/2009

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: KLEIN, CATHERINE  
Address: 14234 FALCON CREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SPRADLIN, LISA  
Address: 9752 JUPITER CT  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S (X) Change ( ) Addition  
Name: BERNARDO, ELIZABETH  
Address: 12952 NIGHT HERON CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Change ( ) Addition  
Name: JACKSON, LESLIE  
Address: 2474 GLASSY WATER LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CATHERINE KLEIN

T

03/31/2009

Electronic Signature of Signing Officer or Director

Date