2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007038

FILED Jan 26, 2009 Secretary of State

Entity Name: TIMBERLIN CREEK ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

555 PINE TREE LANE ST. AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

555 PINE TREE LANE ST. AUGUSTINE, FL 32092

FEI Number: 57-1220786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLSUP, KIMBERLEE A CIOFFI, HOLLY

4376 COMANCHE TRAIL 1134 GARRISON DRIVE

JACKSONVILLE, FL 32259 US ST AUGUSTINE, FL 32092 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: HOLLY CIOFFI 01/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ST. AUGUSTINE, FL 32092

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BRITTAIN, SARAH CIOFFI, HOLLY Name: Name: 1208 GARRISON DRIVE Address: 1134 GARRISON DRIVE Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: ST AUGUSTINE, FL 32092 Title: Title: (X) Change () Addition () Delete CIOFFI, HOLLY Name: LUCZAK, JENNIFER Name: Address: 1134 GARRISON DRIVE Address: 1166 GARRISON DRIVE City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. AUGUSTINE, FL 32092 Title: 2VP () Delete Title: () Change () Addition HATCHER, APRIL H Name: Name: 1440 GREYFIELD DR Address: Address:

Title: TREA () Delete Title: () Change () Addition

 Name:
 WATSON, SUSAN H
 Name:

 Address:
 2128 W QUAY RD
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32092
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 FOLLENWEIDER, LYNDA R
 Name:
 BEDARD, CARRIE

 Address:
 636 REMINGTON CT
 Address:
 1456 GREYFIELD DR

 City-St-Zip:
 ST. AUGUSTINE, FL 32092
 City-St-Zip:
 ST. AUGUSTINE, FL 32092

Title: PARL () Delete Title: () Change () Addition

 Name:
 EASTERLINĠ, ĴACCI
 Name:

 Address:
 1525 AUSTIN LANE
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32092
 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.

City-St-Zip:

SIGNATURE: SUSAN H WATSON TREA 01/26/2009