

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007038

**Entity Name:** TIMBERLIN CREEK ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INCORPORATED**FILED**  
**Jun 30, 2021**  
**Secretary of State**  
**3158413690CC****Current Principal Place of Business:**555 PINE TREE LANE  
ST. AUGUSTINE, FL 32092**Current Mailing Address:**555 PINE TREE LANE  
ST. AUGUSTINE, FL 32092**FEI Number: 57-1220786****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**TORRES, EMILY JANE ELIZABETH  
555 PINE TREE LANE  
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: EMILY TORRES****06/30/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT, OTHER

Name EVANS, DAWN

Address 555 PINE TREE LANE

City-State-Zip: ST AUGUSTINE FL 32092

Title PRESIDENT, PRESIDENT

Name MUSSELMAN, MEAGAN

Address 555 PINE TREE LANE

City-State-Zip: ST AUGUSTINE FL 32092

Title ASST. TREASURER

Name TORRES, EMILY JANE ELIZABETH

Address 555 PINE TREE LANE

City-State-Zip: ST AUGUSTINE FL 32092

Title SECRETARY

Name WERNER, CHARLOTTE

Address 555 PINE TREE LANE

City-State-Zip: ST AUGUSTINE FL 32092

Title PRESIDENT

Name HUX, ELIZABETH

Address 555 PINE TREE LANE

City-State-Zip: ST AUGUSTINE FL 32092

Title TREASURER

Name WARFIELD, RENE

Address 555 PINE TREE LANE

City-State-Zip: ST. AUGUSTINE FL 32092

I hereby 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 all other like empowered.

**SIGNATURE: EMILY TORRES****ASST. TREASURER****06/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date