

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009552

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC7488517457**

**Entity Name:** FLORIDA ORGANIZATION OF MOTHERS OF TWINS CLUB, INC

**Current Principal Place of Business:**

21 MAGNOLIA ST  
FLAGLER BEACH, FL 32126

**Current Mailing Address:**

21 MAGNOLIA ST  
FLAGLER BEACH, FL 32126 US

**FEI Number: 59-2344561**

**Certificate of Status Desired: No**

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

CUMMINGS, KIM  
1925 ORO COURT  
CLEARWATER, FL 33764 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CUMMINGS, KIM  
Address 1925 ORO COURT  
City-State-Zip: CLEARWATER FL 33764

Title VP  
Name PRESTON, MARYELLEN  
Address 30843 SONNET GLEN DR  
City-State-Zip: WESLEY CHAPEL FL 33543

Title VP  
Name STRONG, TRACY  
Address 1739 TANGLEDVINE DR  
City-State-Zip: WESLEY CHAPEL FL 33543

Title SECRETARY  
Name DAVIS, SANDY  
Address 1758 BOLTON ABBEY DR  
City-State-Zip: JACKSONVILLE FL 32223

Title TREASURER  
Name POTTER, JEANNE  
Address 1961 CEDARWOOD DR.  
City-State-Zip: MELBOURNE FL 32935

*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: JEANNE POTTER**

**TREASURER**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date