

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007769

Entity Name: PEDRO MENENDEZ HIGH SCHOOL IB FALCON FAMILY BOOSTERS, INC.**Current Principal Place of Business:**600 STATE ROAD 206 WEST
ST. AUGUSTINE, FL 32086**Current Mailing Address:**600 STATE ROAD 206 WEST
ST. AUGUSTINE, FL 32086 US**FEI Number: 46-0666437****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PITCHER, ISABELLE MARIE
600 STATE ROAD 206 WEST
ST. AUGUSTINE, FL 32086 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: ISABELLE M. PITCHER****04/29/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HIGGINS, JONATHAN
Address 600 STATE ROAD 206 WEST
City-State-Zip: ST. AUGUSTINE FL 32086

Title TREASURER
Name BUSBY, TIFFANY
Address 600 STATE ROAD 206 WEST
City-State-Zip: ST. AUGUSTINE FL 32086

Title SECRETARY
Name PATEL, JYOTI
Address 600 STATE ROAD 206 WEST
City-State-Zip: ST. AUGUSTINE FL 32086

Title PRESIDENT
Name NEWMAN, AMY
Address 600 STATE ROAD 206 WEST
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name LENGYEL, JESSICA
Address 600 STATE ROAD 206 WEST
City-State-Zip: ST. AUGUSTINE FL 32086

Title 2018-19 OUTGOING
PRESIDENT/DIRECTOR
Name PITCHER, ISABELLE
Address 600 STATE ROAD 206 WEST
City-State-Zip: ST. AUGUSTINE FL 32086

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: ISABELLE M. PITCHER**2018-19 PRESIDENT****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date