

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003262

Entity Name: PATRIOT OAKS ACADEMY PTO, INC.**Current Principal Place of Business:**475 LONGLEAF PINE PARKWAY
ST. JOHNS, FL 32259**Current Mailing Address:**475 LONGLEAF PINE PKWY
ST JOHNS, FL 32259 US**FEI Number:** 46-5076349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACRA, KERIANNE
475 LONGLEAF PINE PKWY
ST. JOHNS, FL 32259 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:** KERIANNE ACRA

02/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ACRA, KERIANNE
Address 1637 FENTON AVENUE
City-State-Zip: ST. JOHNS FL 32259

Title TREASURER
Name PICKLES, SHANNON
Address 149 TELFORD DR.
City-State-Zip: ST. JOHNS FL 32259

Title CORRESPONDING SECRETARY
Name MOORE, SUSAN
Address 36 EAGLES NEST LANE
City-State-Zip: SAINT JOHNS FL 32259

Title RECORDING SECRETARY
Name JORDAN, LAUREN
Address 376 WILLOW WINDS PKWY
City-State-Zip: ST. JOHNS FL 32259

Title VP MEMBERSHIP
Name CAUSEY, AMANDA
Address 50 DUNDEE PL
City-State-Zip: ST JOHNS FL 32259

Title VP OF FUNDRAISING
Name KARLSSON, JOHANNA
Address 233 W BERKSWELL DR
City-State-Zip: ST JOHNS FL 32259

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: SHANNON PICKLES**TREASURER**

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date