

**2021 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:**STEWART, STEPHANIE  
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:** STEPHANIE STEWART

03/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP MEMBERSHIP  
Name ACRA, KERIANNE  
Address 1637 KENTON 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 PRESIDENT  
Name STEWART, STEPHANIE  
Address 118 AVERLEY WAY  
City-State-Zip: ST. JOHNS FL 32259

Title COMMUNITY COORDINATOR  
Name SWETONIC, DANIELLE  
Address 106 AVERLEY WAY  
City-State-Zip: ST JOHNS FL 32259

Title VP OF FUNDRAISING  
Name LAMM, HEATHER  
Address 469 HERON LANDING ROAD  
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

03/08/2021

Electronic Signature of Signing Officer/Director Detail

Date