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.

PRESIDENT

SIGNATURE: JOAN S. SOSIN

Electronic Signature of Signing Officer/Director Detail

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

## Officer/Director Detail :

Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	SOSIN, JOAN S	Name	SETSER, SUSAN G	
Address	145 EGRETS WALK LANE	Address	2107 MANGO PLACE	
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	JACKSONVILLE FL 32207	
Title	SEC	Title	TREA	
Title Name	SEC GRANT, CATHERINE W	Title Name	TREA COLEMAN, WENDY	
Name	GRANT, CATHERINE W	Name	COLEMAN, WENDY	

# DOCUMENT# N15000000744 Entity Name: SEVEN BRIDGES SCHOOL PARENT TEACHER

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

ORGANIZATION, INC. Current Principal Place of Business:

402 LORING AVENUE ORANGE PARK, FL 32073

# **Current Mailing Address:**

402 LORING AVENUE ORANGE PARK, FL 32073

# FEI Number: 47-2913736

# Name and Address of Current Registered Agent:

SOSIN, JOAN S 145 EGRETS WALK LANE PONTE VEDRA BEACH, FL 32082 US Certificate of Status Desired: No

01/12/2016

Date

Date