## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001341

Entity Name: JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB,

INC.

**Current Principal Place of Business:** 

109 OAK VIEW CIRCLE

PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:** 

POST OFFICE BOX 352033 JACKSONVILLE, FL 32235

FEI Number: 59-3353389 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NICHOLS, KAREN K 4609 HARTMAN RD. JACKSONVILLE, FL 32225 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: KAREN K. NICHOLS 04/02/2013

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRES** Title **TREA** 

Name MCGUIRK, CAREY F Name NICHOLS, KAREN K Address 10848 CARRINGTON COURT Address 4609 HARTMAN RD.

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32225

SEC Title Title

HUNTER, HOLLY Name CARRASCO, LISA Name

Address 9745 TOUCHTON ROAD #2528 Address POST OFFICE BOX 352033 City-State-Zip: JACKSONVILLE FL 32235 City-State-Zip: JACKSONVILLE FL 32246

Title 2ND VP

Name DAVENPORT, VICTORIA F 12457 QUIET HAVEN COURT Address JACKSONVILLE FL 32258 City-State-Zip:

SIGNATURE: KAREN K. NICHOLS

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.

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

04/02/2013

**FILED** Apr 02, 2013

**Secretary of State** 

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