

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001341

**FILED**  
**Mar 06, 2014**  
**Secretary of State**  
**CC5362417381**

**Entity Name:** JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB, INC.

**Current Principal Place of Business:**

8688 ETHANS GLEN TERRACE  
JACKSONVILLE, FL 32256

**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**

**03/06/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            HUNTER, HOLLY  
Address        3809 LAVISTA CIR, #207  
City-State-Zip: JACKSONVILLE FL 32217

Title            TREA  
Name            NICHOLS, KAREN K  
Address        4609 HARTMAN RD.  
City-State-Zip: JACKSONVILLE FL 32225

Title            SEC  
Name            CARRASCO, LISA  
Address        9745 TOUCHTON ROAD #2528  
City-State-Zip: JACKSONVILLE FL 32246

Title            2ND VP  
Name            HARTMAN, LIZ  
Address        11825 CLEARWATER OAKS DR. W  
City-State-Zip: JACKSONVILLE FL 32223

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

*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: HOLLY HUNTER**

**PRESIDENT**

**03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date