

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764405

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** AMELIA ISLAND PARENT CO-OPERATIVE PRESCHOOL, INC.

**Current Principal Place of Business:**

5040 FIRST COAST HWY  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1451  
FERNANDINA BEACH, FL 320351451 US

**New Mailing Address:**

**FEI Number:** 59-2225041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROCK, KAY  
1265 KAREN WALK  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRUDER, KATE  
Address: 95160 VILLAGE DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V  
Name: MILLS, ASHLEY  
Address: 2024B NATURES BEND DR  
City-St-Zip: FERNANDINA BCH, FL 32034

Title: S  
Name: SHAW, HEATHER  
Address: 65029 LAGOON FOREST DR  
City-St-Zip: YULEE, FL 32097

Title: T  
Name: DEATRICK, ERIN  
Address: 566 PATRIOTS WAY  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: ERIN DEATRICK

T

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date