

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 042 ****61.25

DOCUMENT # N01000004890

1. Entity Name
**SWITZERLAND POINT MIDDLE SCHOOL
PARENT-TEACHER-STUDENT ORGANIZATION, INC.**



Principal Place of Business
**777 GREENBRIER RD.
SWITZERLAND, FL 32259**

Mailing Address
**777 GREENBRIER RD.
SWITZERLAND, FL 32259**

04070003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08232004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3741022

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**METCALF, JOHN G
245 RIVERSIDE AVE STE 400
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCARTHUR, CHARLES W
312 SECRET HOLLOW WAY
JACKSONVILLE, FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Sheryl Heen
3468 Indian Creek Blvd.
Jacksonville, FL 32259** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HARVEY, ROY W JR
1536 STRATFORD CT.
JACKSONVILLE, FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Marla Dahlenberg
2717 Arundel Lane
St. Augustine, FL 32092** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HINSON, CYNTHIA L
1729 HEATHERWOOD DR.
JACKSONVILLE, FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
COOPER, CHARLOTTE H
5224 RIVER PARK VILLAS DR.
ST. AUGUSTINE, FL 32092** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DOIDGE, RITA K
2169 HAWKCREST DR.
JACKSONVILLE, FL 32259** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KNOTT, KRIST
1519 MALLARD LAKE AVE
JACKSONVILLE, FL 32259** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheryl Heen* **Sheryl Heen** **8/24/04** **904-287-6880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #