

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

J4070003



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08232004 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	MCARTHUR, CHARLES W	312 SECRET HOLLOW WAY	JACKSONVILLE, FL 32259	<input type="checkbox"/>
DV	HARVEY, ROY W JR	1536 STRATFORD CT.	JACKSONVILLE, FL 32259	<input type="checkbox"/>
DV	HINSON, CYNTHIA L	1729 HEATHERWOOD DR.	JACKSONVILLE, FL 32259	<input type="checkbox"/>
DT	COOPER, CHARLOTTE H	5224 RIVER PARK VILLAS DR.	ST. AUGUSTINE, FL 32092	<input type="checkbox"/>
PD	DOIDGE, RITA K	2169 HAWKCREST DR.	JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/>
VPD	KNOTT, KRIST	1519 MALLARD LAKE AVE	JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	Sheryl Heen	3468 Indian Creek Blvd.	Jacksonville, FL 32259	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Marla Dahlenberg	2717 Arundel Lane	St. Augustine, FL 32092	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #