

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

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



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3741022

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE PD
NAME HEEN, SHERYL
STREET ADDRESS 3468 INDIAN CREEK BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE VPD
NAME DAHLENBERG, MARLA
STREET ADDRESS 2717 ARUNDEL LANE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

000000562541
05/19/06 80060-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/06 904-287-6180
Date Daytime Phone #