

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

DOCUMENT# N01000004890

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

777 GREENBRIER RD.  
SWITZERLAND, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

777 GREENBRIER RD.  
SWITZERLAND, FL 32259

**New Mailing Address:**

**FEI Number:** 59-3741022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS-MCCLINTOCK, MINERVA  
404 N. LANDGUARD RD.  
ST. AUGUSTINE, FL 32092 US

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

MOORE, SHARON  
1920 VILLAGE TRAIL WAY  
ST JOHNS, FL 32259 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: SHARON MOORE

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRITTAIN, SARAH  
Address: 1208 GARRISON DR.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: V  
Name: DAVIS-MCCLINTOCK, MINERVA  
Address: 404 N. LANDGUARD RD.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: V  
Name: MCCARTY, DEBRA  
Address: 612 BRANCH WATER DR  
City-St-Zip: ST JOHNS, FL 32259

Title: T  
Name: MOORE, SHARON  
Address: 1920 VILLAGE TRAIL WAY  
City-St-Zip: ST. JOHNS, FL 32259

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: SHARON MOORE

T

02/16/2011

Electronic Signature of Signing Officer or Director

Date