

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004890

**FILED**  
**Apr 25, 2012**  
**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:**

777 GREENBRIAR ROAD  
ST JOHNS, FL 32259

**Current Mailing Address:**

777 GREENBRIER RD.  
SWITZERLAND, FL 32259

**New Mailing Address:**

777 GREENBRIAR ROAD  
ST JOHNS, FL 32259

**FEI Number:** 59-3741022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, SHARON  
1920 VILLAGE TRAIL WAY  
ST JOHNS, FL 32259 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: MCCARTY, DEBORA  
Address: 612 BRANCH WATER DRIVE  
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

04/25/2012

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

\_\_\_\_\_  
Date