

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90181 013 \*\*\*\*70.00

<b>DOCUMENT # N03000009619</b>					
<b>1. Entity Name</b> DURBIN CREEK ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.					
<b>Principal Place of Business</b> 4100 RACETRACK RD. JACKSONVILLE, FL 32259			<b>Mailing Address</b> 4100 RACETRACK RD. JACKSONVILLE, FL 32259		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02142005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 56-2400819				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GUZZO, DONNA 1608 INKBERRY LANE JACKSONVILLE, FL 32259			<b>7. Name and Address of New Registered Agent</b> Name: <u>BILL LULIAS</u> Street Address (P.O. Box Number is Not Acceptable): <u>1025 Arviree Way</u> City: <u>Jacksonville</u> <u>FL</u> Zip Code: <u>32259</u>		
<b>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.</b>  SIGNATURE: <u>Bill Lulias</u> <u>BILL LULIAS - PRESIDENT</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> GUZZO, DONNA 1608 INKBERRY LANE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> BILL LULIAS 1025 Arviree Way JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> LULIAS, BILL 1025 ARVIREA WAY JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> CHERYL SWARTZBERG 305 TALWOOD TRACE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> LESTER, HEATHER 292 SPARROW BRANCH LANE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> JEFF SWIRSKY 188 Afton Lane JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> SPEAS, LAUREN 225 CROOKED CT JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> LAUREN SPEAS 225 CROOKED CT JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> GAINBILL, LARA 1617 INKBERRY LANE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> TONIA NEWLAND 1163 EASTWOOD BRANCH DR JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> JERI JO FOX 493 Bell Branch Lane JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 817, 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.</b>					
<b>SIGNATURE:</b> <u>Lauren Speas</u> <u>LAUREN SPEAS</u> <u>2/20/05</u> <u>9043420012</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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