

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90244 003 ****61.25

DOCUMENT # N03000009619 1. Entity Name DURBIN CREEK ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.					
Principal Place of Business 4100 RACETRACK RD. JACKSONVILLE, FL 32259				Mailing Address 4100 RACETRACK RD. JACKSONVILLE, FL 32259	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2400819	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LULIAS, BILL 1025 ARVIREA WAY JACKSONVILLE, FL 32259				Name LAUREN SPEAS Street Address (P.O. Box Number is Not Acceptable) 4100 RaceTrack Road City Jacksonville FL Zip Code 32259	
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 <u><i>Lauren Speas</i></u> LAUREN SPEAS TREASURER / 1/13/06 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when renouncing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWARTSBERG, CHERYL		NAME		
STREET ADDRESS	305 TALWOOD TRACE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LULIAS, BILL		NAME	Delete	
STREET ADDRESS	1025 ARVIREA WAY		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWIRSKY, JEFF		NAME		
STREET ADDRESS	188 AFTON LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEAS, LAUREN		NAME		
STREET ADDRESS	225 CROOKED CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEA, LAUREN		NAME	Delete	
STREET ADDRESS	225 CROOKCO DT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWLAND, TONIA		NAME		
STREET ADDRESS	1163 EASTWOOD BRANCH DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
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: <u><i>Lauren Speas</i></u> LAUREN SPEAS / 1/13/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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