

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90217 006 ****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**

60001571



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
56-2400819

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPEAS, LAUREN
4100 RACE TRACK ROAD
JACKSONVILLE, FL 32259**

7. Name and Address of New Registered Agent
Name
Christine Benzenberg
Street Address (P.O. Box Number is Not Acceptable)
2636 Pecan Place
City
Fruit Cove 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 *Christine Benzenberg* DATE **1/8/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWARTSBERG, CHERYL 305 TALWOOD TRACE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SWIRSKY, JEFF 188 AFTON LANE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SPEAS, LAUREN 225 CROOKED CT JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEWLAND, TONIA 1163 EASTWOOD BRANCH DR JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President + TONIA NEWLAND 1163 Eastwood Branch Drive Fruit Cove, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Reisha Rust 3245 Chestnut Court Fruit Cove, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Christine Benzenberg 2636 Pecan Place Fruit Cove, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec Ashley Schaefer 4065 Lonicera Loop Fruit Cove, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christine Benzenberg* DATE **1/8/07** DAYTIME PHONE # **904.260.8378**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
60001571
N03000009619

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE President
NAME Tonia Newland
STREET ADDRESS 1163 Eastwood Branch Drive
CITY - ST - ZIP Fruit Cove, Florida 32259

TITLE Vice President
NAME Reisha Rust
STREET ADDRESS 3245 Chestnut Court
CITY - ST - ZIP Fruit Cove, Florida 32259

TITLE Treasurer
NAME Christine Benzenberg
STREET ADDRESS 2636 Pecan Place
CITY - ST - ZIP Fruit Cove, Florida 32259

TITLE Secretary
NAME Ashley Schaefer
STREET ADDRESS 4065 Lonicera Loop
CITY - ST - ZIP Fruit Cove, Florida 32259