2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009619

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FILED Apr 15, 2009 Secretary of State

Entity Name: DURBIN CREEK ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4100 RACETRACK RD. SAINT JOHNS, FL 32259

Current Mailing Address: New Mailing Address:

4100 RACETRACK RD. SAINT JOHNS, FL 32259

FEI Number: 56-2400819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BENZENBERY, CHRISTINE

2636 PECAN PLACE

SAINT JOHNS, FL 32259 US

RANSON, WENDY

221 BELL BRANCH LANE

SAINT 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: WENDY S RANSON 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: NEWLAND, TONIA Name: WAGGONER, LINDSEY

Address: 1163 EASTWOOD BRANCH DRIVE Address: 505 SILVER BELL COURT
City-St-Zip: FRUIT COVE, FL 32259 City-St-Zip: SAINT JOHNS, FL 32259

 $\label{eq:title:Title:V} {\sf Title:} \qquad \qquad {\sf Title:} \qquad \qquad {\sf (\)\ Change\ (\)\ Addition}$

 Name:
 RUST, REISHA
 Name:

 Address:
 3245 CHESTNUT COURT
 Address:

 City-St-Zip:
 FRUIT COVE, FL 32259
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SCHAEFER, ASHLEY
 Name:
 ECKER, TRISH

 Address:
 4065 LONICERA LOOP
 Address:
 1533 MARCY DRIVE

 City-St-Zip:
 FRUIT COVE, FL 32259
 City-St-Zip:
 SAINT JOHNS, FL 32259

 Name:
 BENZENBERY, CHRISTINE
 Name:
 RANSON, WENDY

 Address:
 2636 PECAN PLACE
 Address:
 221 BELL BRANCH LANE

 City-St-Zip:
 FRUIT COVE, FL 32259
 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 HAZOURI, TAMARA

 Address:
 Address:
 717 BIRD BRANCH WAY

 City-St-Zip:
 SAINT JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WENDY S RANSON TREA 04/15/2009