


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 027 ****61.25

DOCUMENT # N04000011231 1. Entity Name FRUIT COVE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.					
Principal Place of Business 3180 RACETRACK ROAD JACKSONVILLE, FL 32259			Mailing Address 3180 RACETRACK ROAD JACKSONVILLE, FL 32259		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2013041	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KEITH, CATHLEEN 3180 RACETRACK ROAD JACKSONVILLE, FL 32259				Name Vance, Susanna Street Address (P.O. Box Number is Not Acceptable) 217 E. Kari Ct. Jacksonville City 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>Susanna H Vance</u> PTD Treasurer 5-8-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP LORBEER, KELLY 559 S. BRANCH DRIVE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Klein, Catherine 509 E. Primrose Place Jacksonville, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP MAXFIELD, DEBBIE 980 BLACKBERRY LANE JACKSONVILLE, FL 32259		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS ECCHER, SUSAN 300 W. KORI COURT JACKSONVILLE, FL 32259		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT KEITH, CATHLEEN 204 TWINING TRACE JACKSONVILLE, FL 32259		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP URBANEK, LISA 225 TWINING TRACE JACKSONVILLE, FL 32259		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		DT Vance, Susanna 217 E. Kari Ct. Jacksonville, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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: <u>Susanna H Vance</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/8/06 904-230-1901 <small>Date Daytime Phone #</small>	