

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**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**



04232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2013041**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VANCE, SUSANNA  
217 E KARL CT  
JACKSONVILLE, FL 32259**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE \_\_\_\_\_

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000730582

05/08/07 80086-003 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
KLEIN, CATHERINE  
509 E PRIMOSE PL  
JACKSONVILLE, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
MAXFIELD, DEBBIE  
980 BLACKBERRY LANE  
JACKSONVILLE, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SCHENCK, BETH  
725 TROTWOOD TRACE CT  
JACKSONVILLE, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
VANCE, SUSANNA  
217 E KARI CT  
JACKSONVILLE, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
URBANEK, LISA  
225 TWINING TRACE  
JACKSONVILLE, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Susanna H Vance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07  
Date

904-230-1901  
Daytime Phone #