

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011231

FILED
Apr 19, 2008
Secretary of State

Entity Name: FRUIT COVE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

3180 RACETRACK ROAD
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

3180 RACETRACK ROAD
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-2013041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VANCE, SUSANNA
217 E KARI CT
JACKSONVILLE, 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:

04/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KLEIN, CATHERINE
Address: 509 E PRIMOSE PL
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVP (X) Delete
Name: MAXFIELD, DEBBIE
Address: 980 BLACKBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: DS () Delete
Name: SCHENCK, BETH
Address: 725 TROTWOOD TRACE CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: DT () Delete
Name: VANCE, SUSANNA
Address: 217 E KARI CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: DVP (X) Delete
Name: URBANEK, LISA
Address: 225 TWINING TRACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSANNA H. VANCE

DT

04/19/2008

Electronic Signature of Signing Officer or Director

Date