2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011231

FILED Apr 15, 2009 Secretary of State

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

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

3180 RACETRACK ROAD JACKSONVILLE, FL 32259

Current Mailing Address: New Mailing Address:

3180 RACETRACK ROAD JACKSONVILLE, FL 32259

FEI Number: 20-2013041 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:

VANCE, SUSANNA HURLEY, LINDA

217 E KARI CT 1399 FRÚIT COVE ROAD NORTH JACKSONVILLE, FL 32259 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: LINDA S. HURLEY 04/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change () Addition () Delete KLEIN, CATHERINE NEWLAND, TONIA Name: Name: 509 E PRIMOSE PL Address: 1163 EASTWOOD BRANCH DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259 (X) Change () Addition Title: DS () Delete Title: SCHENCK, BETH Name: SCHRECK, RENEE Name: Address: 725 TROTWOOD TRACE CT Address: 904 EAST PLEASANT PLACE City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259 Title: () Delete Title: (X) Change () Addition VANCE, SUSANNA HURLEY, LINDA Name: Name: 1399 FRUIT COVE ROAD NORTH Address: 217 E KARI CT Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259 Title: () Delete Title: DV-F () Change (X) Addition Name: Name: BENZENBERG, CHRISTINE Address: Address: 2636 PECAN PLACE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 Title: () Delete Title: DV-M () Change (X) Addition MURPHY, KERRI Name: Name: 1729 LOCHAMY LANE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 Title: () Delete Title: DV-M () Change (X) Addition

BENDER, MARY Name: Name:

Address: Address: 424 HUCKLEBERRY TRAIL JACKSONVILLE, FL 32259 City-St-Zip: 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: LINDA S. HURLEY DT 04/15/2009