2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006442

FILED Apr 26, 2006 Secretary of State

Entity Name: SWIFT CREEK PARENT-TEACHER-STUDENT ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2100 PEDRICK RD. TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** 2100 PEDRICK RD. TALLAHASSEE, FL 32317 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, JOSEPH P 215 S. MONROE ST., STE. 400 TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPV () Delete (X) Change () Addition MILLER, PAM WARREN, KELLY Name: Name: 3034 O'BRIEN DR. Address: 6765 LANDOVER CIRCLE Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32317 Title: DS () Delete Title: () Change () Addition CRUMPLER, AMY Name: Name: Address: 1105 E. CORBY CT. Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: (X) Change () Addition EPSTEIN, HARRIET GLADWIN, SUSAN Name: Name: 2327 TOUR EIFFEL DR. 2304 TOUR EIFFEL DR. Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: DV () Change (X) Addition Name: Name: MARTINEZ, SANDRA S Address: Address: 1274 CORDOVA CIRCLE City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY G. WARREN DP 04/26/2006