

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006442

FILED
Apr 19, 2007
Secretary of State

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

Current Principal Place of Business:

2100 PEDRICK RD.
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

2100 PEDRICK RD.
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, JOSEPH P.
215 S. MONROE ST., STE. 400
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: WARREN, KELLY
Address: 6765 LANDOVER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32317

Title: DS () Delete
Name: CRUMPLER, AMY
Address: 1105 E. CORBY CT.
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: GLADWIN, SUSAN
Address: 2304 TOUR EIFFEL DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV () Delete
Name: MARTINEZ, SANDRA S
Address: 1274 CORDOVA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: LAUBACH, CHRISTINE
Address: 4512 HEDGEWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: DV (X) Change () Addition
Name: NONI, CRAWFORD
Address: 2100 PEDRICK ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Change (X) Addition
Name: DONNA, SON
Address: 4503 RANGEWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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 WARREN

DP

04/19/2007

Electronic Signature of Signing Officer or Director

Date