2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2008
Secretary of State

DOCUMENT# N05000008870

Entity Name: HICKORY CREEK ELEMENTARY PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

235 HICKORY CREEK TRAIL
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

235 HICKORY CREEK TRAIL
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 86-1135878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GORICKI, PAUL DR.
235 HICKORY CREEK TRAIL
JACKSONVILLE, FL 32259 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: P ( ) Delete
Name: BLEWITT, CARLA
Address: 1170 EXECUTIVE COVE DR
City-St-Zip: ST. JOHNS, FL 32259

Title: VP ( ) Delete
Name: ZAGER, MICHELLE
Address: 402 SUMMER SET DRIVE
City-St-Zip: ST. JOHNS, FL 32259

Title: VP ( ) Delete
Name: GRUBOWSKI, LISA
Address: 1157 DOVER DR
City-St-Zip: ST. JOHNS, FL 32259

Title: S ( ) Delete
Name: JOHNSON, JOANN
Address: 600 S. POKEBERRY PLACE
City-St-Zip: ST.JOHNS, FL 32259

Title: T ( ) Delete
Name: QUINONES, CARMEN
Address: 1105 KALMIA CT
City-St-Zip: ST. JOHNS, FL 32259

Title: S (X) Delete
Name: ANDERSON, KARLA
Address: 301 MORNING GLORY LANE
City-St-Zip: ST. JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRAY, LISA
Address: 1825 LOCHAMY LANE
City-St-Zip: ST. JOHNS, FL 32259

Title: VP (X) Change ( ) Addition
Name: REICHERT, DAMIEN
Address: 1105 AVONDALE PL
City-St-Zip: ST. JOHNS, FL 32259

Title: T (X) Change ( ) Addition
Name: SWEET, JOANN
Address: 1336 SCOTT RD
City-St-Zip: ST. JOHNS, FL 32259

Title: S (X) Change ( ) Addition
Name: HALEY, SONDRA
Address: 581 REMINGTON FOREST DR
City-St-Zip: ST.JOHNS, FL 32259

Title: PAR (X) Change ( ) Addition
Name: CARR, ROBYN
Address: 465 SUMMERSET DR
City-St-Zip: ST. JOHNS, FL 32259

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: JOANN SWEET T 09/23/2008

Electronic Signature of Signing Officer or Director — Date