

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008870

FILED
Mar 06, 2009
Secretary of State

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 ()

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: GRAY, LISA
Address: 1825 LOCHAMY LANE
City-St-Zip: ST. JOHNS, FL 32259

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

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

Title: S () Delete
Name: HALEY, SONDRRA
Address: 581 REMINGTON FOREST DR
City-St-Zip: ST. JOHNS, FL 32259

Title: PAR () Delete
Name: CARR, ROBYN
Address: 465 SUMMERSET DR
City-St-Zip: ST. JOHNS, 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: JOANN SWEET

T

03/06/2009

Electronic Signature of Signing Officer or Director

Date