

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008870

**FILED**  
**Apr 20, 2010**  
**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:**

235 HICKORY CREEK TRAIL  
ST JOHNS, FL 32259

**Current Mailing Address:**

235 HICKORY CREEK TRAIL  
JACKSONVILLE, FL 32259

**New Mailing Address:**

235 HICKORY CREEK TRAIL  
ST JOHNS, FL 32259

**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:**

GORICKI, PAUL DR.  
235 HICKORY CREEK TRAIL  
ST JOHNS, 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POWELL, SHARMAIN  
Address: 1621 REDSTONE COURT  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP  
Name: WELCH, KIM  
Address: 1185 SHEFFIELD ROAD  
City-St-Zip: ST. JOHNS, FL 32259

Title: T  
Name: DUETT, TERRI  
Address: 305 SUMMERSET DR  
City-St-Zip: ST. JOHNS, FL 32259

Title: S  
Name: GOMEZ, BARBARA  
Address: 1317 HONEYSUCKLE DR  
City-St-Zip: ST. JOHNS, FL 32259

Title: PAR  
Name: MCCARTY, DEBORA  
Address: 612 BRANCH WATER DR  
City-St-Zip: ST. JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: SHARMAIN POWELL

P

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date