

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007038

FILED
Feb 12, 2007
Secretary of State

Entity Name: TIMBERLIN CREEK ELEMENTARY SCHOOL PARENT TEACHER ORGANIZATION, INCORPORATED

Current Principal Place of Business:

555 PINE TREE LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

555 PINE TREE LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 57-1220786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLSUP, KIMBERLEE A
4376 COMANCHE 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: ALLSUP, KIMBERLEE A
Address: 4376 COMANCHE TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: BRITTAIN, SARAH
Address: 1208 GARRISON DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: 2VP () Delete
Name: CIGRAND, CYNTHIA H
Address: 890 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TREA () Delete
Name: FOLLENWEIDER, LYNDIA
Address: 1082 GARRISON DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SEC () Delete
Name: HALE, DONNA R
Address: 1877 FOREST GLEN WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: PARL () Delete
Name: CIOFFI, HOLLY
Address: 1134 GARRISON DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

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
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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 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: KIMBERLEE ALLSUP

PRES

02/12/2007

Electronic Signature of Signing Officer or Director

Date