

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000089

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** PCG PARENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

303 OLD MOODY BLVD  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 351921  
PALM COAST, FL 32135

**New Mailing Address:**

**FEI Number:** 30-0397407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HURD, MICHELE R  
20 WOODBORN LN  
PALM COAST, FL 32164 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:** PRES  
**Name:** HURD, MICHELE R  
**Address:** 20 WOODBORN LN  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** T  
**Name:** FLETCHER, SARA  
**Address:** 3354 N. OCEANSHORE BLVD.  
**City-St-Zip:** FLAGLER BEACH, FL 32136

**Title:** VP  
**Name:** BALITON, SHANNON  
**Address:** 26 MINNOW DRIVE  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** S  
**Name:** WALSER, CHER  
**Address:** 20 B ROSECROFT LN  
**City-St-Zip:** PALM COAST, FL 32164

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:** MICHELE R. HURD

PRES

04/30/2012

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

\_\_\_\_\_  
Date