

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002568

FILED
Apr 27, 2009
Secretary of State

Entity Name: LIBERTY PINES ACADEMY PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

10901 RUSSELL SAMPSON RD.
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

10901 RUSSELL SAMPSON RD.
ST. JOHNS, FL 32259

New Mailing Address:

FEI Number: 26-2205326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITCHCOCK, PATRICIA
1216 STONEHEDGE TRAIL LANE
ST. AUGUSTINE, FL 32092 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: DP () Delete
Name: HALE, DONNA
Address: 1877 FOREST GLEN WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD () Delete
Name: MCCORMICK, KIMBERLY
Address: 357 ST. JOHNS GOLF DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD () Delete
Name: LISTER, HEATHER
Address: 1781 HIGHLAND VIEW DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TD () Delete
Name: CONCHING, TASHA
Address: 1785 HIGHLAND VIEW DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD () Delete
Name: HITCHCOCK, PATRICIA
Address: 1216 STONEHEDGE TRAIL LANE
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
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: TASHA CONCHING

TD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date