

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002568

**FILED**  
**Apr 07, 2011**  
**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: PRES  
Name: MCGINNIS, LORI  
Address: 2060 GLENFIELD CROSSING CT.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP  
Name: SCHWARZ, CATHERINE  
Address: 975 EAGLE POINT DR  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TREA  
Name: WILLIAMS, ERIKA  
Address: 1786 HIGHLAND VIEW DR  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SD  
Name: SCHULTZ, MICHELLE  
Address: 842 HAMPTON CROSSING WAY  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP  
Name: CARDINAL, MICHELLE  
Address: 1540 DRURY CT  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: LORI MCGINNIS

PRES

04/07/2011

Electronic Signature of Signing Officer or Director

Date