

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002568

FILED
Jan 12, 2012
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:

10901 RUSSELL SAMPSON RD.
ST. JOHNS, FL 32259 US

Current Mailing Address:

10901 RUSSELL SAMPSON RD.
ST. JOHNS, FL 32259

New Mailing Address:

10901 RUSSELL SAMPSON RD.
ST. JOHNS, FL 32259 US

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

Title: VP
Name: RICHTER, CATHERINE
Address: 1188 STONEHEDGE TRAIL LN
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: TREA
Name: TAYLOR, KAREN
Address: 2055 GLENFIELD CROSSING CT.
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: SECR
Name: GRAY, KATIE
Address: 1985 GLENFIELD CROSSING CT.
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VP
Name: DELANEY, KIMBERLY
Address: 341 ST JOHNS GOLF DR
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: KAREN TAYLOR

TREA

01/12/2012

Electronic Signature of Signing Officer or Director

Date