

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010608

FILED
Aug 25, 2009
Secretary of State

Entity Name: CREEKSIDE HIGH SCHOOL PARENT TEACHER STUDENT ORGANIZATION, INC.

Current Principal Place of Business:

100 KNIGHTS LANE
ST. JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

100 KNIGHTS LANE
ST. JOHNS, FL 32259

New Mailing Address:

FEI Number: 26-3713108 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLINT, KATE
1624 INKBERRY LANE
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

KLEIN, CATHERINE S
509 E. PRIMROSE PLACE
ST. JOHNS, FL 32259 US

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: CATHERINE S. KLEIN

08/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLINT, KATE
Address: 1624 INKBERRY LANE
City-St-Zip: ST. JOHNS, FL 32259

Title: V () Delete
Name: COOK, KATHLEEN
Address: 4168 LONICERA LOOP
City-St-Zip: ST. JOHNS, FL 32259

Title: T () Delete
Name: JIHAQAD, BETTY A
Address: 109 N. ABERDEENSHIRE DR.
City-St-Zip: ST. JOHNS, FL 32259

Title: S () Delete
Name: TUCCI, ANGELA R
Address: 1013 W. PL3EASANT PLACE
City-St-Zip: ST. JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KLEIN, CATHERINE S
Address: 509 E. PRIMROSE PLACE
City-St-Zip: ST. JOHNS, FL 32259

Title: V.P. (X) Change () Addition
Name: PHILLIPS, VANESSA
Address: 1400 S. BURGANDY TRAIL
City-St-Zip: ST. JOHNS, FL 32259

Title: TREA (X) Change () Addition
Name: BENDER, MARY
Address: 424 HUCKLEBERRY TRAIL
City-St-Zip: ST. JOHNS, FL 32259

Title: SEC (X) Change () Addition
Name: MURPHY, KERRI
Address: 1729 LOCHAMY LANE
City-St-Zip: ST. JOHNS, FL 32259

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: CATHERINE S. KLEIN

PRES

08/25/2009

Electronic Signature of Signing Officer or Director

Date