

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010608

**FILED**  
**Apr 19, 2010**  
**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 ( )**

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

KLEIN, CATHERINE S  
509 E. PRIMROSE PLACE  
ST. JOHNS, FL 32259 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: KLEIN, CATHERINE S  
Address: 509 E. PRIMROSE PLACE  
City-St-Zip: ST. JOHNS, FL 32259

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

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

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

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: CATHERINE KLEIN

PRES

04/19/2010

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

\_\_\_\_\_  
Date