

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N08000010753

Entity Name: PACETTI BAY MIDDLE SCHOOL PARENT TEACHER STUDENT ORGANIZATION, INC.

Current Principal Place of Business:

% PACETTI BAY MIDDLE SCHOOL
245 MEADOWLARK LANE
ST AUGUSTINE, FL 32092

New Principal Place of Business:

PACETTI BAY MIDDLE SCHOOL
245 MEADOWLARK LANE
ST AUGUSTINE, FL 32092

Current Mailing Address:

% PACETTI BAY MIDDLE SCHOOL
245 MEADOWLARK LANE
ST AUGUSTINE, FL 32092

New Mailing Address:

PACETTI BAY MIDDLE SCHOOL
245 MEADOWLARK LANE
ST AUGUSTINE, FL 32092

FEI Number: 26-0391880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODEN, MINDY
5227 COMFORT COURT
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: PD () Delete
Name: GOUDY, MICHELE
Address: 932 INDIAN RIVER RD
City-St-Zip: ST AUGUSTINE, FL 32092

Title: 1VPD () Delete
Name: SANTOS, JANICE
Address: 1305 ARDMORE ST
City-St-Zip: ST AUGUSTINE, FL 32092

Title: 2VPD () Delete
Name: KOTSIS, TERRI
Address: 3017 F CAROLINE CT
City-St-Zip: ST AUGUSTINE, FL 32092

Title: TD () Delete
Name: TRIPLETT, STEPHANIE
Address: 716 BATTERSEA DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: SD () Delete
Name: GOODEN, MINDY
Address: 5227 COMFORT COURT
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete
Name: MANCINI, DONNA
Address: 1516 NORTH LOOP PKWY
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: TD (X) Change () Addition
Name: TRIPLETT, STEPHANIE
Address: 716 BATTERSEA DR
City-St-Zip: ST AUGUSTINE, FL 32095

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MANCINI, DONNA
Address: 1516 NORTH LOOP PKWY
City-St-Zip: ST AUGUSTINE, FL 32095

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: MICHELLE GOUDY

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date