

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010753

**FILED**  
**Aug 29, 2011**  
**Secretary of State**

**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-0391880      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LITTLEFIELD-COLLARY, THERESA N  
258 SOPHIA TERRACE  
SAINT AUGUSTINE, FL 32095      US

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

BEESON, MARY JANE  
245 MEADOWLARK LANE  
SAINT AUGUSTINE, FL 32092      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: MARY JANE BEESON

08/29/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: ADAMS, DEBBIE  
Address: 245 MEADOWLARK LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MRS.  
Name: PEEK, JILL  
Address: 245 MEADOWLARK LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MRS.  
Name: TOWN, KAREN  
Address: 245 MEADOWLARK LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MRS.  
Name: BEESON, MARY JANE  
Address: 245 MEADOWLARK LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MRS.  
Name: LAWSON, BECKY  
Address: 245 MEADOWLARK LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MRS.  
Name: DAVIS, SHARON  
Address: 245 MEADOWLARK LANE  
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: MARY JANE BEESON

MRS.

08/29/2011

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

\_\_\_\_\_  
Date