

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003695

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** WARDS CREEK PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

6555 STATE RD. 16  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

6555 STATE RD. 16  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FARMER, SARAH  
917 INDIAN RIVER RD.  
ST. AUGUSTINE, FL 32092 US

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

SICKELS, RENEE  
2637 SNAIL KITE CT  
ST. 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: RENEE SICKELS

03/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FARMER, SARAH  
Address: 917 INDIAN RIVER RD.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: P  
Name: CANDELETTI, DEBBIE  
Address: 5212 COMFORT CT.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: TD  
Name: SICKELS, RENEE  
Address: 2637 SNAIL KITE CT  
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: RENEE SICKELS

TD

03/26/2011

Electronic Signature of Signing Officer or Director

Date