

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009805

FILED
Sep 17, 2010
Secretary of State

Entity Name: FORT CAROLINE MIDDLE PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

3787 UNIVERSITY CLUB BLVD
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3787 UNIVERSITY CLUB BLVD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 27-1146104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENTHONNEX, PAUL H
3787 UNIVERSITY CLUB BLVD
JACKSONVILLE, FL 32277 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: P
Name: MENTHONNEX, PAUL H
Address: 6309 SHETLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP
Name: DICKEY, JAMES C
Address: 3283 ABBYFIELD DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32277

Title: RS
Name: JACKSON, PATRICIA A
Address: 2403 RIBAUT SCENIC DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MD
Name: PINKSTAFF, DONNA M
Address: 3726 COLONY COVE TRIAL
City-St-Zip: JACKSONVILLE, FL 32277

Title: T
Name: ALLEN, TERI M
Address: 6187 RAINTREE ROAD
City-St-Zip: JACKSONVILLE, FL 32277

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: PAUL MENTHONNEX

P

09/17/2010

Electronic Signature of Signing Officer or Director

Date