

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90437 040 ****61.25

DOCUMENT # N94000001341					
1. Entity Name JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB, INC.					
Principal Place of Business 6074 B PRO'S NEST CT JACKSONVILLE, FL 32212 US			Mailing Address POST OFFICE BOX 57644 JACKSONVILLE, FL 32241-7644		
2. Principal Place of Business - No P.O. Box # 109 Oak View Cir.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ponte Vedra Beach, FL		City & State		4. FEI Number 59-3353389	
Zip 32082		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMASHUM, SALENA 6074 B PRO'S NEST CT JACKSONVILLE, FL 32212			7. Name and Address of New Registered Agent Name: <u>Joan Romano</u> Street Address (P.O. Box Number is Not Acceptable): <u>109 Oak View Cir.</u> City: <u>Ponte Vedra Beach</u> FL Zip Code: <u>32082</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Joan Romano</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)				DATE: <u>4/15/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SMASHUM, SALENA STREET ADDRESS 6074 B PRO'S NEST CT CITY-ST-ZIP JACKSONVILLE, FL 32212	☒ Delete		TITLE P NAME Joan Romano STREET ADDRESS 109 Oak View Cir. CITY-ST-ZIP Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition	
TITLE VP NAME SPRADLIN, LISA STREET ADDRESS 9752 JUPITER CT CITY-ST-ZIP JACKSONVILLE, FL 32246	☐ Delete		TITLE VP NAME Kate Feldman STREET ADDRESS 1159 Eagle Point Dr. CITY-ST-ZIP St. Augustine, FL 32092	☐ Change ☒ Addition	
TITLE VP NAME MCGINNIS, LORI STREET ADDRESS 2060 GELENFIELD CROSSING CT CITY-ST-ZIP SAINT AUGUSTINE, FL 32092	☒ Delete		TITLE VP NAME Elizabeth Bernardo STREET ADDRESS 12952 Night Heron Ct. CITY-ST-ZIP Jacksonville, FL 32224	☐ Change ☒ Addition	
TITLE T NAME CLARK, NOELINE STREET ADDRESS 394 TIDE WATER CIR W CITY-ST-ZIP JACKSONVILLE, FL 32211	☐ Delete		TITLE VP NAME Mandy Pippin STREET ADDRESS 6575 Connie Jean Rd CITY-ST-ZIP Jacksonville, FL 32222	☐ Change ☒ Addition	
TITLE S NAME ROMANO, JOAN STREET ADDRESS 109 OAK VIEW CIRCLE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☐ Delete		TITLE S NAME Lisa Spradlin STREET ADDRESS 9752 Jupiter Ct. CITY-ST-ZIP Jacksonville, FL 32246	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Romano

4/15/07