

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

DOCUMENT# N94000001341

**FILED**  
**Jun 02, 2011**  
**Secretary of State**

**Entity Name:** JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB, INC.

**Current Principal Place of Business:**

109 OAK VIEW CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 23036  
JACKSONVILLE, FL 322413036

**New Mailing Address:**

POST OFFICE BOX 352033  
JACKSONVILLE, FL 32235

**FEI Number:** 59-3353389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMANO, JOAN  
109 OAK VIEW CIRCLE  
PONTE VEDRA BEACH, FL 32082 US

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

SMITH, HOLLY  
1306 TROTTERS WALK WAY  
JACKSONVILLE, FL 32225 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: HOLLY SMITH

06/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PP  
Name: SMITH, HOLLY  
Address: 1306 TROTTERS WALK WAY  
City-St-Zip: JACKSONVILLE, FL 32225

Title: P  
Name: BERNARDO, ELIZABETH  
Address: 12952 NIGHT HERON CT  
City-St-Zip: JACKSONVILLE, FL 32224

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: HOLLY SMITH

PP

06/02/2011

Electronic Signature of Signing Officer or Director

Date