

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 10, 2011
Secretary of State

DOCUMENT# N94000001341

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 352033
JACKSONVILLE, FL 32235**New Mailing Address:****FEI Number:** 59-3353389**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SMITH, HOLLY
1306 TROTTERS WALK WAY
JACKSONVILLE, FL 32225 US**Name and Address of New Registered Agent:**EMILIO, KELLY S
187 16TH AVE. S.
JACKSONVILLE BEACH, FL 32250 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: KELLY S. EMILIO

11/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: EMILIO, KELLY
Address: 187 16TH AVE. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TREA
Name: DELAY, CASSANDRA
Address: 14042 CRESTWICK DR WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC
Name: DANIEL, MELISSA
Address: 2312 MEADOW LARK CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP
Name: TATTERSALL, PEGGY
Address: 11205 HENDON DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

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: KELLY S. EMILIO

PRES

11/10/2011

Electronic Signature of Signing Officer or Director

Date