


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N94000003623 •	
<b>1. Entity Name</b> ARLINGTON COUNTRY DAY SCHOOL P.T.O., INC.	

<b>Principal Place of Business</b> 5681 EDENFIELD ROAD #1601 JACKSONVILLE, FL 32277 US	<b>Mailing Address</b> 5681 EDENFIELD ROAD #1601 JACKSONVILLE, FL 32277 US
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03032004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3268655	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  KIRKPATRICK, FRANKI 5681 EDENFIELD ROAD #1601 JACKSONVILLE, FL 32277
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**DO NOT WRITE  
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**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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>
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<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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U000000089922 03/16/04-80008-013 61.25
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> PD	<b>NAME</b> BERRY, CANDY
<b>STREET ADDRESS</b> 7120 WAIKIKI ROAD	<b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32216
<b>TITLE</b> TD	<b>NAME</b> KIRKPATRICK, FRANKI
<b>STREET ADDRESS</b> 5681 EDENFIELD ROAD #1601	<b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32277
<b>TITLE</b> SD	<b>NAME</b> REID, PAT
<b>STREET ADDRESS</b> 5449 GLORIANNE DR.	<b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32207
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY - ST - ZIP</b>	

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IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> 	<b>Franki Kirkpatrick</b>	<b>3/11/04</b>	<b>904.744.0466</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>