

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007769

**Entity Name:** PEDRO MENENDEZ HIGH SCHOOL IB FALCON FAMILY BOOSTERS, INC.

**FILED**  
**Jan 25, 2015**  
**Secretary of State**  
**CC7016406158**

**Current Principal Place of Business:**

600 STATE ROAD 206 WEST  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

P.O. BOX 860116  
ST. AUGUSTINE, FL 32086-0116

**FEI Number: 46-0666437**

**Certificate of Status Desired: No**

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

PEIL, KAREN R  
3369 KINGS ROAD SOUTH  
ST. AUGUSTINE, FL 32086 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: KAREN R. PEIL**

**01/25/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PEIL, KAREN R  
Address 3369 KINGS ROAD SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32086

Title V  
Name TOVEY, ELENA  
Address 3313 WOODBURY COURT  
City-State-Zip: ST. AUGUSTINE FL 32086

Title T  
Name LEKIEN, MARGARET  
Address 204 LUGO WAY  
City-State-Zip: ST. AUGUSTINE FL 32086

Title S  
Name MCGUIRE, MAIA  
Address 826 VISCAYA BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title S  
Name RAGHUWANSHI, JYOTSNA  
Address 950 IRMA WAY  
City-State-Zip: ST. AUGUSTINE FL 32086

*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: KAREN R. PEIL**

**PRESIDENT**

**01/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date