

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005212

**Entity Name:** PARENTS FOR ACCOUNTABILITY AND CHOICE, INC.

**Current Principal Place of Business:**

554820 US HIGHWAY 1  
HILLIARD, FL 32046

**Current Mailing Address:**

P.O. BOX 1080  
HILLIARD, FL 32046 US

**FEI Number:** 46-3030312

**Certificate of Status Desired:** No

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

MITCHELL, EMMETT IV  
115 EAST PARK AVE STE 1  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ADKINS, DOUGLAS  
Address          P.O. BOX 1080  
City-State-Zip:   HILLIARD FL 32046

Title            VP  
Name            KNAGGE, JOHN R.  
Address          P.O. BOX 1080  
City-State-Zip:   HILLIARD FL 32046

Title            SECRETARY  
Name            ADKINS, EMILY  
Address          P.O. BOX 1080  
City-State-Zip:   HILLIARD FL 32046

*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:** DOUGLAS ADKINS

**PRESIDENT**

**02/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date