

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003408

Entity Name: VALLEY RIDGE ACADEMY PTO, INC.**Current Principal Place of Business:**105 GREENLEAF DRIVE
PONTE VEDRA, FL 32081**Current Mailing Address:**105 GREENLEAF DRIVE
PONTE VEDRA, FL 32081**FEI Number:** 46-5382484**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MURPHY, JENNIFER K
592 STATELY SHOALS TRAIL
PONTE VEDRA, FL 32081 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:** JENNIFER K. MURPHY

05/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name MURPHY, JENNIFER K
Address 105 GREENLEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title DT
Name DEVINCENTIS, STEPHANIE
Address 105 GREENLEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title DS
Name FARRELL, FELICIA
Address 105 GREENLEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title D
Name CZUBATI, MELISSA D
Address 105 GREENLEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title D
Name RUBINO, ANN DENISE
Address 105 GREENLEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title D
Name ZOBEL, AMY L
Address 105 GREENLEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title D
Name WATERS, MINDY
Address 105 GREENLEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

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: JENNIFER MURPHY

PRESIDENT

05/06/2016

Electronic Signature of Signing Officer/Director Detail

Date