



Secretary of State

OFFICE OF SECRETARY OF STATE

CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE

Suite 313 West Tower

Atlanta, Georgia 30334

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SECRETARY OF STATE
INTAKE DIVISION

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AMENDED ANNUAL REGISTRATION FOR CORPORATION

Note: In order to use this amended annual registration form, an annual registration must have already been filed for the corporation for this annual registration period. Amended annual registration filing fee is \$30.00 (\$20 filing fee + \$10 paper filing service charge).

1. **Entity Information.** Entity Name: LIBERTY TECH CHARTER SCHOOL PARENT TEACHER ORGANIZATION,
Entity Control Number: 160696002 INC

Entity Type (check one only):

- | | | |
|--|---|---|
| <input type="checkbox"/> Domestic Profit Corporation | <input type="checkbox"/> Foreign Profit Corporation | <input type="checkbox"/> Domestic Bank |
| <input checked="" type="checkbox"/> Domestic Nonprofit Corporation | <input type="checkbox"/> Foreign Nonprofit Corporation | <input type="checkbox"/> Domestic Insurance Company |
| <input type="checkbox"/> Domestic Professional Corporation | <input type="checkbox"/> Foreign Professional Corporation | <input type="checkbox"/> Foreign Insurance Company |
| <input type="checkbox"/> Domestic Benefit Corporation | <input type="checkbox"/> Foreign Benefit Corporation | <input type="checkbox"/> Domestic Credit Union |

2. **Name of current registered agent on file with the Secretary of State:**

ANDREA FERGUSON

3. **Current street address and county of registered agent on file with the Secretary of State:**

Address: 119 PRICE ROAD

City: BROOKS

County: FAYETTE

State: GA

Zip Code: 30205

4. **If applicable, name* of new registered agent:** MELISSA QUINN

Email address of new registered agent: ITCSPTD.TREASURER@GMAIL.COM

5. **If applicable, new street address and county of registered agent:**

Address: 119 PRICE ROAD

City: BROOKS

County: GA FAYETTE

State: GA

Zip Code: 30205

6. **If applicable, new mailing address of entity's principal office:**

Address: _____

City: _____

State: _____

Zip Code: _____

7. **If applicable, the names and respective addresses of its officers are updated as follows:**

	NAME*	ADDRESS	CITY	STATE	ZIP CODE
CEO	AKILA TUCK	119 PRICE ROAD	BROOKS	GA	30205
CFO	BRANDY KOFF	119 PRICE ROAD	BROOKS	GA	30205
SEC	MELISSA QUINN	119 PRICE ROAD	BROOKS	GA	30205

8. After the above change(s) are made, the address of the entity's registered office and the business address of the registered agent will be identical.

9. I hereby certify, under penalty of law, that the above information is true and correct.

Signature of Authorized Person

Date

Print Name*

Signer's Capacity (check one only): ☐ Officer ☐ Registered Agent ☐ Attorney-in-fact ☐ Attorney ☒ Authorized Person
☐ Director ☐ Chairperson of Board of Directors ☐ Court-Appointed Fiduciary ☐ Incorporator

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.