


2-19-91 B 2135-C

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Feb 19 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State, DIVISION OF CORPORATIONS
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DOCUMENT # 704069 (4)
 1. Corporation Name
PINELLAS CLASSROOM TEACHERS ASSOCIATION, INC.

Principal Place of Business 650 SEMINOLE BLVD LARGO FL 34640-0625	Mailing Address 650 SEMINOLE BLVD LARGO FL 33770-3625
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-0974339	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33770	25 Country	28 Zip	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MOORE, JADE T 94 BAYWOOD AVENUE CLEARWATER FL 34625	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE FRCH	<input checked="" type="checkbox"/> DELETE	1.1 TITLE FRCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TURNER, ALLIN		1.2 NAME Parsons, Charles	
STREET ADDRESS 609 GLENWOOD AVE		1.3 STREET ADDRESS 8581 Kumquat Avenue	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP Seminole, FL 33777	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FIERRO, VICKIE		2.2 NAME Smith, Gloria	
STREET ADDRESS 15473 BEDFORD CIRCLE, W.		2.3 STREET ADDRESS 2107 Canterbury Lane	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP Largo, FL 33770	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BACON, LINDA		3.2 NAME	
STREET ADDRESS 1722 SOLAR DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP HOLIDAY FL		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCAHON, ROB		4.2 NAME	
STREET ADDRESS 117 COUNTRY VILLAS DR		4.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIDDLETON, BETTY		5.2 NAME	
STREET ADDRESS 1382 OVERLEA DR		5.3 STREET ADDRESS	
CITY-ST-ZIP DUNDEIN FL 34698		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, BARBARA A		6.2 NAME	
STREET ADDRESS 2223 TONIWOOD LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34685		6.4 CITY-ST-ZIP	

Please see attached Executive Board List

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Sandra B. Northam* *Jade T. Moore* 1/27/97 813-585-6518
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00AR7A7

CP2E037 (9/96)

PCTA BOARD OF DIRECTORS

Folds, Mark
1785 Citrus Hill Lane
Palm Harbor, FL 34683

Smith, Barbara
2223 Toniwood Lane
Palm Harbor, FL 34685

Paser, Wendy
3013 Sarah Drive
Clearwater, FL 34619

Lofton, Carolyn
1641 Wildwood Road
Clearwater, FL 34616

Shroyer, Sallie
4724 Wyoming Avenue
Tampa, FL 33616

Teetor, Barbara
8190 57th Street No.
Pinellas Park, FL 33781

Meacomes, Kim
990 7th Avenue N.E.
Largo, FL 33770

Koehler Sadler, Mia
P.O. Box 7985 (N/A) ✓
St. Petersburg, FL 33734

Harris, Ethelstine
1009 27th Avenue So.
St. Petersburg, FL 33705

Hughes, Pam
894 14th Avenue No., #1
St. Petersburg, FL 33701