

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2002 8:00 am
Secretary of State

02-07-2002 90324 025 ****61.25

DOCUMENT # 704069

1. Entity Name

PINELLAS CLASSROOM TEACHERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

650 SEMINOLE BLVD
 LARGO FL 33770

650 SEMINOLE BLVD
 LARGO FL 34640-0625

73562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0974339

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JADE T
94 BAYWOOD AVENUE
CLEARWATER FL 34625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **MCMAHON, ROB**
 STREET ADDRESS **117 COUNTRY VILLAS DR**
 CITY-ST-ZIP **SAFETY HARBOR FL 34635**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **MCMAHON, ROB**
 STREET ADDRESS **117 COUNTRY VILLAS DR**
 CITY-ST-ZIP **SAFETY HARBOR FL 34635**

TITLE **VP** Change Addition
 NAME **Michelle Dennard**
 STREET ADDRESS **3016 Carmen St.**
 CITY-ST-ZIP **Tampa, FL 33609**

TITLE **P** Delete
 NAME **SMITH, GLORIA**
 STREET ADDRESS **2107 CANTERBURY LANE**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **Director** Change Addition
 NAME **Linda Manning**
 STREET ADDRESS **3525 Fair Way Forest Dr.**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **D** Delete
 NAME **SCHROYER, SALLIE**
 STREET ADDRESS **4724 WYOMING AVE**
 CITY-ST-ZIP **TAMPA FL 33616**

TITLE **Director** Change Addition
 NAME **Claire Cousins**
 STREET ADDRESS **343 McMullen-Booth Rd. #14A**
 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **D** Delete
 NAME **PASER, WENDY**
 STREET ADDRESS **3013 SARAH DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **Director** Change Addition
 NAME **Marilyn Oberle**
 STREET ADDRESS **350 14th Ave. N. #242**
 CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **D** Delete
 NAME **ASKINS, TERRY**
 STREET ADDRESS **15912 NORTHLAKE VILLAGE DR**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE **Director** Change Addition
 NAME **Stu Wilmarth**
 STREET ADDRESS **7958 11th Ave**
 CITY-ST-ZIP **St. Petersburg, FL 33707**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

727-585-6518

Date

Daytime Phone #

Robert H. McMahan

CR2007 (9/01)