

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704069

FILED
Jan 11, 2005
Secretary of State

Entity Name: PINELLAS CLASSROOM TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

650 SEMINOLE BLVD
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

650 SEMINOLE BLVD
LARGO, FL 346400625

New Mailing Address:

650 SEMINOLE BLVD
LARGO, FL 33770 US

FEI Number: 59-0974339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JADE T
94 BAYWOOD AVENUE
CLEARWATER, FL 34625 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DENNARD, MICHELLE
Address: 3616 CARMEN ST
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: BARBARA, WILMARTH
Address: 6305 40TH AVE N
City-St-Zip: ST PETERSBURG, FL 33709

Title: D () Delete
Name: CAROLYN, UNDERWOOD
Address: 712 CANTERBURY RD
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: MANNING, LINDA
Address: 3525 FAIR WAY FOREST DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: MYERS, BARBI
Address: 360 DUNCAN LOOP E #302
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: WILMARTH, STU
Address: 7958 11TH AVE
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE DENNARD

PRES

01/11/2005

Electronic Signature of Signing Officer or Director

Date