

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704069

FILED
Feb 06, 2007
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 33770 US

New Mailing Address:

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: ESCUDER, CARMELINDA
Address: 1326 PINE RIDGE CIR #124-G2
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: PERKINS, GRACE
Address: 2626 SUNNYSIDE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: STEPHENS, DIANE
Address: 1720 N GREENWOOD AVE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CHRISTINE, ANTAL
Address: 361 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

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

Title: D (X) Change () Addition
Name: JOAN, PROCIDA
Address: 2409 OLD COACH TRAIL
City-St-Zip: CLEARWATER, FL 33765

Title: D (X) Change () Addition
Name: FRANCIS, LEVERONE
Address: 12619 82ND AVENUE
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/06/2007

Electronic Signature of Signing Officer or Director

Date