

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704069

FILED  
Jan 11, 2011  
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:**

BLACK, KIMBERLY S PRES.  
990 7TH AVE.  
LARGO, FL 33770 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  
Name: BLACK, KIMBERLY S  
Address: 990 7TH AVE.  
City-St-Zip: LARGO, FL 33770

Title: VP  
Name: RICHARD, WISEMILLER  
Address: 1582 GULF BLVD. # 1206  
City-St-Zip: CLEARWATER, FL 33767

Title: D  
Name: REX, PHELPS  
Address: 115 112TH AVE. NE # 1002  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D  
Name: NANCY, VELARDI  
Address: 7360 ULMERTON #22C  
City-St-Zip: LARGO, FL 33771

Title: D  
Name: SARAH, LEHRMANN  
Address: 901 S SAN REMO AVE  
City-St-Zip: CLEARWATER, FL 33756

Title: D  
Name: RICKY, AMSTUTZ  
Address: 3409 HYDE PARK DR  
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY S. BLACK

PRES

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date