

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90315 032 \*\*\*\*61.25

**DOCUMENT # 704069**

1. Entity Name  
**PINELLAS CLASSROOM TEACHERS ASSOCIATION, INC.**



Principal Place of Business  
**650 SEMINOLE BLVD  
LARGO FL 33770**

Mailing Address  
**650 SEMINOLE BLVD  
LARGO FL 34640-0625**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-0974339** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCMAHON, ROB</b>	
STREET ADDRESS	<b>117 COUNTRY VILLAS DR</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34635</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DENNAND, MICHELLE</b>	
STREET ADDRESS	<b>3616 CARMEN ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, GLORIA</b>	
STREET ADDRESS	<b>2107 CANTERBURY LANE</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANNING, LINDA</b>	
STREET ADDRESS	<b>3525 FAIR WAY FOREST DR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OBERLE, MARILYN</b>	
STREET ADDRESS	<b>350 79TH AVE N #242</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILMARTH, STU</b>	
STREET ADDRESS	<b>7958 11TH AVE</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jerry Galyen</b>	
STREET ADDRESS	<b>1553 Ambrosia Dr.</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33764</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barbi Myers</b>	
STREET ADDRESS	<b>360 Dunedin Loop E. #302</b>	
CITY-ST-ZIP	<b>Dunedin, FL 34698</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Jade Moore* 1/23/03 727-585-6518

CR2E037 (10/02)