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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721401** (8)
1. Corporation Name
PINELLAS COUNTY COUNCIL OF PARENT-TEACHER ASSOCIATIONS, INC.

Principal Place of Business 301 4TH ST. S.W. LARGO FL 34640 US	Mailing Address 512 VIRGINIA LANE CLEARWATER FL 34624 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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1851 Asbury Drive
Clearwater FL
33765 US

3. Date Incorporated or Qualified 07/22/1971	
4. FEI Number 23-7102478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HENLEY, HILDA 512 VIRGINIA LANE CLEARWATER FL 34624	10. Name and Address of New Registered Agent 81 Name Ehrenzeller Cindy 82 Street Address (P.O. Box Number is Not Acceptable) 1851 Asbury Drive 83 84 City Clearwater FL 85 Zip Code 33765
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Cindy Ehrenzeller President DATE 1/13/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHRENZELLER, CINDY 1851 ASBURY DRIVE CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D-VP Callahan, Celeste 1423 Embassy Dr Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, KAREN 2409 COUNTRY TRAILS DR. SAFETY HARBOR FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D-T Kettenburg, Lori 1728 Grove Drive Clearwater FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENLEY, HILDA 512 VIRGINIA LANE CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUECHEL, JENNIFER 2994 LONGBROOKE WAY CLEARWATER FL 34620	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAZZARO, RITA 11470 72ND TERRACE NORTH SEMINOLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cindy Ehrenzeller Cindy Ehrenzeller 1/13/98 813-799-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)