
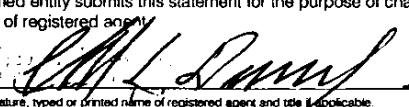
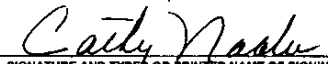


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90010 021 \*\*\*\*61.25

<b>DOCUMENT # 721401</b> 1. Entity Name <b>PINELLAS COUNTY COUNCIL OF PARENT-TEACHER ASSOCIATIONS, INC.</b>			
Principal Place of Business <b>301 4TH ST. S.W. LARGO, FL 34640 US</b>		Mailing Address <b>9778 106TH AVE NORTH LARGO, FL 33773 US</b>	
2. Principal Place of Business - No P.O. Box # <b>SAME</b> Suite, Apt. #, etc.		3. Mailing Address <b>10800 US 19 NORTH #116</b> Suite, Apt. #, etc.	
City & State <b>PINELLAS PARK</b>		City & State <b>PINELLAS PARK</b>	
Zip <b>33782</b>	Country <b>US</b>	4. FEI Number <b>23-7102478</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CONAWAY, CAROL 9778 106TH AVE NORTH LARGO, FL 33773</b>		7. Name and Address of New Registered Agent Name <b>DEREXSON, CHARLES</b> Street Address (P.O. Box Number is Not Acceptable) <b>10800 US 19 NORTH #116</b> City <b>PINELLAS PARK</b> <b>FL</b> Zip Code <b>33782</b>	
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  DATE <b>3-27-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T/D DESANTIS, KATHY 11814 108TH AVE NORTH SEMINOLE, FL 33778</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T/D CATHY NAABE 113 98th AVE N ST PETERSBURG, FL 33702</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P/D CONAWAY, CAROL 9778 106 DAVE N LARGO, FL 33773</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P/D CHARLES DEREXSON 10800 US 19 NORTH #116 PINELLAS PARK, FL 33782</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD PRESHUR, TRISH 2901 60TH AVE. S. SAINT PETERSBURG, FL 33712</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V/D MARY BARTHOLF 8100 CYPRESS GARDEN COURT SEMINOLE, FL 33777</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V/D DEREXSON, CHARLES 10800 US 19 N #116 PINELLAS PARK, FL 33782</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V/D DEBBIE STOTTS PO BOX 1943 LARGO, FL 33779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V/D NAABE, CATHY 113 98TH ST AVE N SAINT PETERSBURG, FL 33712</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V/D DEBBIE SAWA-SZOSTAK 13885 MEARES DR LARGO, FL 33774</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S/D MORRIS, DEBBY 2689 59TH AVE SOUTH SAINT PETERSBURG, FL 33712</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S/D MARIA KINZER 8416 121ST PLACE N LARGO, FL 33773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		CATHY NAABE 3/24/08 727-504-8703 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	