

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90159 028 ****61.25

DOCUMENT # 721401

1. Entity Name

PINELLAS COUNTY COUNCIL OF PARENT-TEACHER ASSOCIATIONS, INC.



Principal Place of Business

**301 4TH ST. S.W.
LARGO FL 34640
US**

Mailing Address

**3429 ASPEN TRAIL
CLEARWATER FL 33761
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7102478**

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

**WOODARD, DEBORAH
3429 ASPEN TRAIL
CLEARWATER FL 33761**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	PD	<input type="checkbox"/> Delete
NAME	WOODARD, DEBORAH	
STREET ADDRESS	3429 ASPEN TRAIL	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONAWAY, CAROL	
STREET ADDRESS	9778 106 DAVE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, MARY	
STREET ADDRESS	1560 CHATEAU WOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OUSLEY, DEBORAH	
STREET ADDRESS	10585 MYRTLE OAK LANE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DESANTIS, KATHY	
STREET ADDRESS	11814 108 AVE NORTH	
CITY-ST-ZIP	LARGO FL 33778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S-SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Oliver	
STREET ADDRESS	1115 61st Street South	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	T-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Campbell	
STREET ADDRESS	515 Cassier Avenue	
CITY-ST-ZIP	Clearwater, FL 33755	

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:

Deborah V Woodard **Deborah V Woodard** 1-23-03 721-787-6429

CR2E037 (10/02)