

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002951

**Entity Name:** NINA HARRIS PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

6000 70TH AVENUE  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

6000 70TH AVENUE  
PINELLAS PARK, FL 33781

**FEI Number:** 68-0581257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRAWFORD, JERRI L  
7425 WATER SILK DRIVE  
PINELLAS PARK, FL 33782 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           CRAWFORD, JERRI L  
Address        7425 WATER SILK DRIVE  
City-State-Zip: PINELLAS PARK FL 33782

Title           PRESIDENT  
Name           CONOVER, JESSICA  
Address        2734 TERRACE DRIVE N  
City-State-Zip: CLEARWATER FL 33759

Title           SECRETARY  
Name           VREELAND, KATHRYN  
Address        1428 LIME STREET  
City-State-Zip: CLEARWATER FL 33756

Title           VICE PRESIDENT  
Name           ZARATE, KELLI  
Address        6477 23RD STREET N  
City-State-Zip: ST PETERSBURG FL 33702

*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:** JERRI L CRAWFORD

**TREASURER**

**01/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date