

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010143

Entity Name: PINELLAS ACADEMY OF MATH AND SCIENCE, PTSO, INC.**Current Principal Place of Business:**1775 S HIGHLANDS AVE
CLEARWATER, FL 33756**Current Mailing Address:**1775 S HIGHLANDS AVE
CLEARWATER, FL 33756**FEI Number:** 46-1162685**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHARTER SCHOOL ASSOCIATES, INC.
12524 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071 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	PRESIDENT
Name	SCHLUCHTER, SUMMER
Address	1775 S HIGHLANDS AVE
City-State-Zip:	CLEARWATER FL 33756

Title	VP
Name	BLOUGH, VIVIAN
Address	1775 S HIGHLANDS AVE
City-State-Zip:	CLEARWATER FL 33756

Title	TR
Name	POPE, KAREN
Address	1775 S HIGHLANDS AVE
City-State-Zip:	CLEARWATER FL 33756

Title	PR
Name	SCHWERER, LINDA
Address	1775 S HIGHLANDS AVE
City-State-Zip:	CLEARWATER FL 33756

Title	PARLIAMENTARIAN
Name	LEGGETT, MISSY
Address	1775 S HIGHLAND AVE
City-State-Zip:	CLEARWATER FL 33756

Title	RECORDING SECRETARY
Name	STEGEBY, MICHELLE
Address	1775 S HIGHLAND AVE
City-State-Zip:	CLEARWATER FL 33756

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: KAREN POPE**TREASURER****02/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date