

**2023 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: No****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	WRIGHT, SARAH
Address	1775 S HIGHLANDS AVE
City-State-Zip:	CLEARWATER FL 33756

Title	TREASURER
Name	NICHOLLS, MELISSA
Address	1775 S HIGHLANDS AVE
City-State-Zip:	CLEARWATER FL 33756

Title	SCHOOL PRINCIPAL AND BOARD MEMBER
Name	GLACKIN, TARA
Address	1775 S HIGHLANDS AVE
City-State-Zip:	CLEARWATER FL 33756

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

Title	RECORDING SECRETARY
Name	NEVILLE, SABRINA
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: MELISSA NICHOLLS****TREASURER****03/01/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date