FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719699 (1)

1. Corporation Name

SKYCREST PARENT-TEACHER ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
SKYCREST ELEMENTARY PTA 10 N CORONA AVE. CLEARWATER FL 34625	SKYCREST ELEMENTARY PTA 10 N CORONA AVE. CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1970
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-0637851 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TOSH, GEORGE B.
10 N. CORONA AVE.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: George B Tosh
82 Street Address (P.O. Box Number is Not Acceptable): 10 N Corona Ave
83
84 City: Clearwater FL 85 Zip Code: 34615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☑ Change ☐ Addition
NAME	PEABODY, CINDY	12 NAME	Hall, Judy
STREET ADDRESS	14 ORION AVE N	13 STREET ADDRESS	101 Baywood Ave
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater Fla 34625
TITLE	DV	21 TITLE	DV ☑ Change ☐ Addition
NAME	LOFTON, CAROLYN	22 NAME	Dena DeGarmo
STREET ADDRESS	2550 STAG RUN BLVD #1011	23 STREET ADDRESS	8353 Locena Lane
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Clearwater Fl. 34625
TITLE	RS	31 TITLE	☐ Change ☐ Addition
NAME	COBBS, SOPHIA	32 NAME	
STREET ADDRESS	14 JEFFERSON AVE N	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	CS	41 TITLE	☐ Change ☐ Addition
NAME	PUMPHREY, SHARON	42 NAME	
STREET ADDRESS	1560 WALNUT ST	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	ET ☑ Change ☐ Addition
NAME	HALL, JUDY	52 NAME	Virginia Lewis
STREET ADDRESS	101 BAYWOOD AVE	53 STREET ADDRESS	7 N. Duncan Ave.
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	Clearwater Fla. 34615
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia Lewis Virginia Lewis 5/1/95 (813) 447-8637
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)