

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 24 PM 12:34

DOCUMENT # 719739 (5)
1. Corporation Name
CLEARWATER SENIOR HIGH SCHOOL PTA., INCORPORATED

Principal Place of Business Mailing Address
**540 SOUTH HERCULES
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Outfired **11/23/1970** 3a. Date of Last Report **05/01/1994**
4. FBI Number **59-3028546** 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 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip Country **28** Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**EVANS, EDWARD L.
540 S HERCULES AVE
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHWEITZER, BETSEY
STREET ADDRESS	1566 BELLEAIR LN
CITY-ST-ZIP	CLEARWATER FL
TITLE	VP
NAME	KHAVARIAN, CARMEN
STREET ADDRESS	1007 CHINA BERRY RD
CITY-ST-ZIP	CLEARWATER FL
TITLE	S
NAME	WILDER, SHERRY
STREET ADDRESS	2053 ASHBURY DR
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD
NAME	DUNN, MIKE & JANE
STREET ADDRESS	1918 ORD CT
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SCHWARTZ, CATHY	
1.3 STREET ADDRESS	207 MIDWAY ISLAND	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33630	☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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:

Michael E. Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-95 **875-531-4589**
Date Signature

MICHAEL E. QUINN

0048593