


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90011 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719739

1. Corporation Name

CLEARWATER SENIOR HIGH SCHOOL PTA., INCORPORATED

Principal Place of Business

540 SOUTH HERCULES
CLEARWATER FL 34624

Mailing Address

540 SOUTH HERCULES
CLEARWATER FL 34624

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/23/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3028546	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33764		29 33764		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRASSO, NICKOLAS R 540 S HERCULES AVE CLEARWATER FL 34624				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code 33764	
11. Pursuant to the provisions of Sections 617.502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>[Signature]</i> DATE 1/21/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	GEER, EILEEN				
STREET ADDRESS	1888 DEL ROBLES TERR				
CITY-ST-ZIP	CLEARWATER FL 34624				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	EDWALL, JONI				
STREET ADDRESS	648 RUSKIN RD				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	DVP	<input checked="" type="checkbox"/> DELETE			
NAME	WILDER, SHERRI				
STREET ADDRESS	2053 ASHBURY DR				
CITY-ST-ZIP	CLEARWATER FL 34624				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	FARRINGTON, DEBBIE				
STREET ADDRESS	2139 SANDPIPER DR				
CITY-ST-ZIP	CLEARWATER FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME		President D			
1.3 STREET ADDRESS		McMillan, Marly			
1.4 CITY-ST-ZIP		851 Mandalay Ave. Clearwater, FL 33767			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		Recording Secretary D			
2.3 STREET ADDRESS		Koernig, Kathy			
2.4 CITY-ST-ZIP		939 Mandalay Ave. Clearwater, FL 33767			
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		Vice-President D			
3.3 STREET ADDRESS		Hubbard, Brenda			
3.4 CITY-ST-ZIP		1620 Flagstone Ct. Clearwater, FL 33767			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)