

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90045 043 ****61.25

DOCUMENT # 719739

1. Entity Name

**CLEARWATER SENIOR HIGH SCHOOL PTA.,
INCORPORATED**



Principal Place of Business

**540 SOUTH HERCULES
CLEARWATER FL 33764**

Mailing Address

**540 SOUTH HERCULES
CLEARWATER FL 33764**

24032108



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3028546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRASSO, NICKOLAS R
540 S HERCULES AVE
CLEARWATER FL 34624**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **EVANS, BECKY**
STREET ADDRESS **1852 STETSON CIR**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **TD** ☐ Delete
NAME **SPENCE, ROBERT B**
STREET ADDRESS **1746 BEL REANE DR**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **PD** ☐ Delete
NAME **NICHOLS, GREG**
STREET ADDRESS **2271 BELLEAIR RD**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **DRS** ☐ Delete
NAME **MOORE, BETH**
STREET ADDRESS **1010 REGENT AVENUE**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **DVP** ☐ Delete
NAME **QUIZPE, SANDRA**
STREET ADDRESS **2566 HANN**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Robert B Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04
Date

727 441 6829
Daytime Phone #