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
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719915** **(1)**

1. Corporation Name
PONCE DE LEON PARENT TEACHER ASSOCIATION, INCORP ORATED

Principal Place of Business	Mailing Address
1301 PONCE DE LEON BLVD. CLEARWATER FL 34616	1301 PONCE DE LEON BLVD. CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1970**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-7106093** ☐ 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

WARREN, BETH
1619 CAMBRIDGE DR.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: KOLBA, JEFF
82 Street Address (P.O. Box Number is Not Acceptable): 1546 Belleair Rd.
83 Clearwater, FL. 34616
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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] DATE: 4/21/95
Signature of person or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	WARREN, BETH	12 NAME	KOLBA, JEFF	
STREET ADDRESS	1619 CAMBRIDGE DR.	13 STREET ADDRESS	1546 Belleair Rd.	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater, FL. 34616	
TITLE	TD	21 TITLE	T/D	☒ Change ☐ Addition
NAME	GONSER, MARY JANE	22 NAME	NEWMAN, MARY	
STREET ADDRESS	1517 SOUTH BETTY LANE	23 STREET ADDRESS	601 E. Rosery Rd., Apt. 4252	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Largo, FL. 34640	
TITLE	VD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	ROBERTS, MARION	32 NAME	BARDELL, BARBARA	
STREET ADDRESS	1823 CHATEAU DR., W.	33 STREET ADDRESS	1773 London Lane	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	Clearwater, FL. 34616	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
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 added on an attachment with an address.

SIGNATURE: [signature] 4/21/95 813-581-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mary Jane Gonser

0048138